



THE HUNDRED AND TWELFTH  
ANNUAL REPORT UPON

# THE HEALTH OF LEICESTER DURING 1960

**B. J. L. MOSS**  
M.B., B.S.(LONDON), D.C.H., D.P.H.

# CITY OF LEICESTER

---

## HEALTH COMMITTEE

(As constituted 31st December, 1960)

---

### Chairman

Ald. F. J. JACKSON

### Vice-Chairman

Dr. W. E. HOWELL

Mr. G. R. ANTILL	Mr. E. E. HAINES	Mr. B. A. PEACH
Mr. F. J. BAYLISS	Mr. N. R. HANGER	Ald. R. W. A. RUSSELL
Ald. S. COOPER	Mrs. V. D. HOLMES	Mrs. P. SMITH
Ald. Miss M. GOODWIN	Mrs. C. E. JACKSON	Mr. B. TOFT
Mr. F. G. GUMBRILL	Mrs. M. N. JACKSON	Mrs. M. M. TROTTER

### Co-opted Members

Mr. H. N. T. STAUNTON

Dr. G. WARING-TAYLOR

---

The Committee meet on the 3rd Friday in each month in the Committee Room, Town Hall, at 3.15 p.m.

### Health Inspection Sub-Committee

Mr. G. R. ANTILL	Mrs. C. E. JACKSON
Mr. F. J. BAYLISS	Ald. F. J. JACKSON ( <i>ex-officio</i> )
Ald. S. COOPER	Mrs. M. N. JACKSON
Ald. Miss M. GOODWIN	Mr. B. A. PEACH
Mrs. V. D. HOLMES	Ald. R. W. A. RUSSELL
Dr. W. E. HOWELL ( <i>ex-officio</i> )	Mr. B. TOFT

### City Ambulance Service Sub-Committee

Mr. G. R. ANTILL	Dr. W. E. HOWELL ( <i>ex-officio</i> )
Ald. S. COOPER	Ald. F. J. JACKSON ( <i>ex-officio</i> )
Mr. F. G. GUMBRILL	Ald. R. W. A. RUSSELL
Mr. E. E. HAINES	Mrs. P. SMITH
Mr. N. R. HANGER	Mr. B. TOFT

### Co-opted Members

Mr. H. N. T. STAUNTON

Dr. G. WARING-TAYLOR

### Mental Health Services Sub-Committee

Mr. G. R. ANTILL	Mrs. C. E. JACKSON
Ald. S. COOPER	Ald. F. J. JACKSON ( <i>ex-officio</i> )
Ald. Miss M. GOODWIN	Mrs. P. SMITH
Mr. E. E. HAINES	Mrs. M. M. TROTTER
Dr. W. E. HOWELL ( <i>ex-officio</i> )	

### Co-opted Members

Dr. H. B. KIDD

Dr. A. A. VALENTINE

Mr. H. N. T. STAUNTON  
Dr. G. WARING-TAYLOR

## Maternity and Child Welfare and Home Nursing Sub-Committee

Mr. G. R. ANTILL  
Ald. S. COOPER  
Ald. Miss M. GOODWIN  
Mrs. V. D. HOLMES

Dr. W. E. HOWELL (*ex-officio*)  
Ald. F. J. JACKSON (*ex-officio*)  
Mrs. M. N. JACKSON  
Mrs. M. M. TROTTER

### Co-opted Members

Mrs. V. R. HART  
Mrs. B. C. JENNINGS

Mrs. J. F. MITCHELL  
Mr. C. NEST

## General Welfare Sub-Committee

Mr. F. J. BAYLISS  
Ald. S. COOPER  
Mr. F. G. GUMBRILL  
Mr. E. E. HAINES  
Mr. N. R. HANGER  
Dr. W. E. HOWELL (*ex-officio*)

Mrs. C. E. JACKSON  
Ald. F. J. JACKSON (*ex-officio*)  
Mr. B. A. PEACH  
Ald. R. W. A. RUSSELL  
Mr. B. TOFT

### Co-opted Members

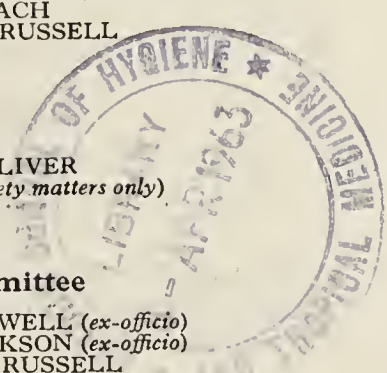
Dr. G. WARING-TAYLOR

Mrs. M. M. OLIVER  
(*Home Safety matters only*)

## Special (Clean Air) Sub-Committee

Ald. S. COOPER  
Ald. Miss M. GOODWIN  
Mr. F. G. GUMBRILL

Dr. W. E. HOWELL (*ex-officio*)  
Ald. F. J. JACKSON (*ex-officio*)  
Ald. R. W. A. RUSSELL



## **QUALIFICATIONS AND DUTIES OF SENIOR PUBLIC HEALTH OFFICERS**

As specifically requested in Ministry of Health Circular 1/54, the following details are given :

### **Medical Officer of Health**

E. K. MACDONALD, O.B.E., M.D., D.P.H. (Retired 31st May, 1960)

B. J. L. MOSS, M.B., B.S.(LONDON), D.C.H., D.P.H.  
(Commenced 1st June, 1960)

Exercises oversight and control over all the City's Health Service, advises all Committees of the Corporation on medical matters, and acts as Principal School Medical Officer.

### **Deputy Medical Officer of Health**

B. J. L. MOSS, M.B., B.S.(LONDON) D.C.H., D.P.H. (Until 31st May, 1960)

T. A. I. REES, B.Sc., M.B., B.Ch., D.P.H., D.I.H., D.C.H., D.Obst.R.C.O.G.  
(Commenced 1st June, 1960)

Acts as Deputy to the Medical Officer of Health, including the School Health Service, and particularly supervises the work of the City Ambulance Service and the control of infectious disease.

### **Senior Medical Officer for Maternity and Child Welfare**

KATHLEEN J. C. SHAW, M.B., Ch.B., D.C.H. (Commenced 1st Sept. 1960)

Responsible for the control of the Maternity and Child Welfare Service, including the Health Visitor, Midwifery, and Day Nursery and Clinic Services.

### **Tuberculosis Officer**

C. M. CONNOLLY, B.Sc., M.D., M.R.C.P., D.P.H.

Though primarily appointed by and responsible to the Sheffield Regional Hospital Board as Consultant Chest Physician, and in this capacity, in charge of the Leicester Chest Clinic and of beds at the Leicester Isolation Hospital and Chest Unit, is also responsible, in co-operation with the Medical Officer of Health, for the preventive side of the campaign against tuberculosis.

### **Public Analyst**

F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C.

Responsible for the work of the Public Analyst's Laboratory and for the analysis of and reporting on samples of Foods and Drugs and other matters.

### **Chief Public Health Inspector**

G. A. HILLER, F.R.S.H., A.M.I.S.E., F.S.I.A.

Responsible for the work of the Public Health Inspection Department.

### **Chief Administrative Assistant**

F. KELLETT, F.C.C.S.

Responsible to the Medical Officer of Health for all the lay administration of the Department, and for the work of all the non-professional staff.



# CONTENTS

	PAGE
Members of the Health Committee and Sub-Committees .. ..	ii
Chief Officers .. .. .	iv
Introductory Letter .. .. .	vi

## SECTION A. Statistics of the Area

Summary of Statistics .. .. .	1
Infectious Disease—Morbidity and Mortality .. .. .	2
Protection Procedures .. .. .	2
Vaccination against Poliomyelitis .. .. .	2
Dysentery and Food Poisoning .. .. .	3
Virus Meningitis .. .. .	7
Population, Birth-rates and Death-rates in last 40 years ..	9
Causes of Death .. .. .	10
Infectious Diseases—Deaths in last 15 years .. .. .	12
Cancer Statistics .. .. .	12
Virus Meningitis Statistics .. .. .	13
Deaths from Principal Causes Graph .. .. .	14
Graphs showing incidence of Measles and Whooping Cough ..	15

## SECTION B. Miscellaneous Health Services

Water Supplies .. .. .	18
Sewerage .. .. .	19
Cremation .. .. .	20
Ambulance Service .. .. .	21
Mental Health Service .. .. .	28
Home Nursing Service .. .. .	38
Care and After-Care .. .. .	55
Assistance to Cases of Tuberculosis, Convalescence ..	55
Chiropody Service .. .. .	56
Health Education .. .. .	58
Home Help Service .. .. .	63
Venereal Disease .. .. .	78
Section 47, National Assistance Act, 1948 .. .. .	79
Children Neglected or Ill-treated in Their Own Homes ..	80
Prevention of Break-up of Families—Action to deal with Rent	
Arrears .. .. .	82
Blind Persons .. .. .	84
Housing .. .. .	87

## APPENDICES

I.—REPORT ON THE CHEST CLINIC AND MASS RADIOGRAPHY UNIT	88
II.—REPORT OF THE MATERNITY AND CHILD WELFARE MEDICAL OFFICER .. .. .	102
III.—REPORT OF THE CHIEF DENTAL OFFICER .. .. .	138
IV.—REPORT OF THE CITY ANALYST .. .. .	140
V.—REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR .. .. .	199
INDEX .. .. .	234

*To the Chairman, the Lord Mayor, and the Members of the  
City Health Committee*

Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1960.

It was with profound regret that on the 16th September, 1960, the death of Dr. E. K. Macdonald was announced to the Health Committee. For some 25 years he had served the City in his capacity as Medical Officer of Health until his illness commencing in September, 1959. Dr. Macdonald's tenure of office had been during a period when revolutions were taking place in public health. He had seen the conquest of the majority of infectious diseases, vast changes taking place in the living conditions of many of the population, and the dawn of a new era of social medicine. Led by such great men as Dr. Macdonald a sure foundation had been built on which to establish the still developing public health service in this City. Some of the problems have changed, but the challenge is still before us.

On the 1st June, 1960, Dr. T. A. I. Rees was promoted to be Deputy Medical Officer of Health. He was already well known to the Committee, having previously served as Senior Medical Officer in charge of maternity and child welfare. I would like to take this opportunity of saying how grateful I am to Dr. Rees not only for his help during the interregnum but for the assistance that he has given to me at all times since taking up my new duties.

In September, Dr. K. J. C. Shaw was appointed to succeed Dr. Rees as Senior Medical Officer in charge of maternity and child welfare. Already the Department has benefited from a number of ideas that she had brought to us from north of the border, and we look forward to seeing the further developments that take place within her section of the Department.

Miss J. I. Jones, who succeeded Miss McClymont as Tutor to the Health Visitor Training Course, joined the Department in April and by her new approach to health education has encouraged all the staff participating in student teaching.

Owing to the various staff changes that have occurred, this year has been one of consolidation rather than marked progress. A great deal of time has been spent in planning future developments, especially in the field of mental health. Gradually the full implications of the Mental Health Act are being appreciated, with the result that all workers within the social field are having to reorientate many of their ideas to the new concept of community care as opposed to hospital care for those suffering from mental disorder.

### *Population*

The population at mid-1960 was estimated at 273,370. This continued reduction was no doubt associated to a great extent with the migration of people to reside in the new estates in the County.

### *Birth-rate*

The number of births during 1960 was 4,546, giving a birth-rate of 16.63.

There was little change in the number of illegitimate births that took place during the year, but a survey of 256 of these unmarried mothers showed that 17% were teenagers. In addition to all their other difficulties, many of these young mothers had considerable financial burdens to face.

Some idea of the size of the problem is indicated by a recent publication that stated that one in every twenty children born in this country is illegitimate, and every fourth mother conceives her first-born before her wedding day. These figures need serious consideration, because the teenagers of today may be maturing physically at an earlier age, but it is regretted that their wisdom and discretion are not keeping step. Not to be promiscuous is considered prudish with the liability of being labelled a "square". Society can be protected against a great many dangers, but the cultivation of health requires a definite mode of living.

### *Death-rate*

There was a continued slight rise in the death-rate, which is now 12.64 as compared with 12.29 last year.

Cancer accounted for an increased proportion of the 3,456 deaths which occurred during 1960. One in every five deaths was due to this cause, the total incidence being practically the same in men and women.

In the case of cancer of the stomach the preponderance of deaths in males occurred between 45 and 64 years of age, but in women the highest mortality was not until after the age of 75.

Again in the case of cancer of lung and bronchus, women were far more fortunate. Only 18 women died from this cause in comparison with 124 men. Further examination of the male deaths from this cause shows that one in every three male cancer deaths is due to this disease, or, looked at another way, one in every 14 males will probably die from Ca. lung. This is comparable with the rate for England and Wales as a whole, but is higher than the average rate for the North Midlands, which is one in 17.

Coronary disease also accounts for a high mortality, causing one in five of the male deaths, whereas the comparative figure for women is one in nine.

110 people died as a result of various types of accident. Nearly a third were as a result of motor vehicle accidents.

### *Infectious Disease*

Although the incidence of infectious disease as a whole was low, during the year there was an increase in the amount of measles. Of particular interest, however, were the outbreaks of the various types of meningitis that occurred. These were mainly of the Coxsackie and Echo types, as distinct from Cerebro-Spinal Meningitis and are commented upon by Dr. Rees.

Thanks are extended to the general practitioners in the City, who co-operated so well in the investigation of these outbreaks of virus meningitis, and who also reported a number of cases of infective hepatitis that occurred.

### *Tuberculosis*

The number of contacts found to be infected with tuberculosis has this year increased. This may be partly accounted for by the fact that the Mass Radiography Unit, which had not been dealing with so many cases in 1959, concentrated more on the City area during the year being reported. The increase may, however, be accounted for by the more extensive follow-up arrangements that have been carried out during the year.

### *Mental Health*

In March of this year a report indicating the lines on which the Mental Health Service in Leicester was likely to develop was placed before the Mental Health Services Sub-Committee. Since then a tremendous amount of work has been carried out in an endeavour to estimate as fully as possible the number of people for whom mental



health aftercare will be necessary, and the numbers and types of hostels, workshops and other accommodation that are likely to be required in the next few years.

Leicester accepted the challenge to provide a first-class Mental Health Service and after reviewing the work of a number of other authorities in this country, the Health Committee sent a delegation to Holland to see some of the ways in which the Dutch had tackled the problem. Plans have now been approved by the Committee to implement many of the proposals originally put forward earlier in the year. Steps have been taken to recruit and develop the training of the new staff required, and it is hoped that a building programme will commence in the near future.

It has been calculated that one in every five families will have one of its members affected by mental disorder sooner or later during their life.

Similarly, schizophrenia—one of the commonest mental disorders—will affect one in every hundred children born. With these figures in mind there are no grounds for complacency. Re-integration of these patients into the community is a long-term project, therefore planning must be courageous, not only to provide for the present patients, but also the future generation that is arising.

To all the staff I would like to express my sincere thanks. The co-operation of the older members of the staff has helped me to become more acquainted with the work of the Department, whilst the newer members have stimulated each one of us with greater enthusiasm.

Finally, I would like to thank you, Sir, and your Committee for the help and guidance that you have given to me throughout the year on taking up my new appointment.

I am,

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,


Your obedient servant,

B. J. L. MOSS, M.B., B.S., D.P.H.

*Medical Officer of Health*

Health Department,  
Grey Friars,  
Leicester,  
(Tel. No. 25326)  
9th June, 1961





Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29725458>

# ANNUAL REPORT 1960

## SECTION A

### Statistics of the Area

#### SUMMARY OF STATISTICS FOR THE YEAR 1960

Population (estimated), mid-1960	..	..	..	273,370
Population at Census, 8th April, 1951..	..	..	..	285,061
Live births (corrected) :				
Number	..	..	..	4,546
Rate per 1,000 population (standardised birth-rate=16.80)				16.63
Illegitimate live births per cent of total live births	..			7.48%
Stillbirths :				
Number	..	..	..	105
Rate per 1,000 total live and stillbirths	..	..		22.58
Total live and stillbirths	..	..	..	4,651
Infant deaths (deaths under one year)	..	..		111
Infant Mortality Rates :				
Total infant deaths per 1,000 total live births	..			24.42
Legitimate infant deaths per 1,000 legitimate live births				23.54
Illegitimate infant deaths per 1,000 illegitimate live births				35.29
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	..	..	..	16.72
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	..	..	..	15.40
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	..			37.63
Maternal Mortality (including abortion)	.. :			
Number of deaths	..	..	..	3
Rate per 1,000 total live and stillbirths	..	..		0.65
Deaths (corrected for transferable deaths)	..	..		3,456
Death-rate (standardised death-rate=12.64)	..	..		12.64
Zymotic death-rate (per 1,000 population)	..	..		0.051
Respiratory Disease death-rate (per 1,000 population)	..	..		1.21
Cancer death-rate (per 1,000 population)	..	..		2.40
Tuberculosis death-rate (per 1,000 population)	..	..		0.080
Phthisis death-rate (per 1,000 population)	..	..		0.080
<hr/>				
Area of City (in acres)	..	..	..	16,990
Number of Inhabited Tenements, January, 1961	..			85,706
Number of Empty Houses, January, 1961	..	..		482
Rateable Value at 1st April, 1960	..	..	..	£4,757,192
General Rate for the year, 1960-61	..	..	..	20/9d. in £
<hr/>				
				England and Wales
Birth-rate	..	..	..	17.1
Death-rate	..	..	..	11.5
Infant Mortality (per 1,000 Births)	..	..	..	21.7
(Registrar-General's Figures)				

## INFECTIOUS DISEASE—MORBIDITY AND MORTALITY

		<i>Notifications</i>	<i>Deaths</i>
Measles	.. ..	2,867 (418)	— (—)
Scarlet Fever	.. ..	129 (261)	— (—)
Whooping Cough	.. ..	66 (154)	— (—)
Diphtheria	.. ..	— (—)	— (—)
Meningitis	.. ..	1 ( 7)	— (—)
Acute Poliomyelitis	.. ..	1 ( 1)	— (—)

(1959 figures are in brackets)

### PROTECTION PROCEDURES DURING 1960

	<i>Under 5</i>	<i>Over 5</i>	<i>Total</i>
Number of children immunised against diphtheria only .. .. .	30	366	396
Number of children re-immunised against diphtheria only .. .. .	89	873	962
Number of children immunised against diphtheria and vaccinated against whooping cough jointly	2,398	645	3,043
Number of children re-immunised against diphtheria and vaccinated against whooping cough jointly .. .. .	800	1,597	2,397
Number of children immunised against diphtheria, whooping cough and tetanus .. .. .	1,680	60	1,740
Number of children re-immunised against diphtheria/whooping cough and tetanus .. .. .	68	88	156
Number of children vaccinated against whooping cough only .. .. .	2	31	33
Number of persons vaccinated against smallpox .. .. .	524	378	902
Number of persons re-vaccinated against smallpox .. .. .	30	352	382

### Vaccination against Poliomyelitis

During 1960 the following individuals received a course of two injections of poliomyelitis vaccine :

	<i>No. of persons</i>
Children up to 15 years of age .. .. .	2,902
Young people 16–25 years of age .. .. .	1,759
Persons aged 26–40 years .. .. .	10,472
Others .. .. .	551

In addition, 188 persons received their first dose of vaccine and were awaiting the second dose at the end of the year and 235 persons received their second dose only.

A total number of 25,677 persons have now received three injections.

## DYSENTERY AND FOOD POISONING

By T. A. I. REES, B.Sc., M.B., B.Ch., D.P.H., D.I.H., D.C.H., D.Obst.R.C.O.G.  
(Deputy Medical Officer of Health)

1960 was a relatively uneventful year with regard to the incidence of dysentery and food poisoning, apart from three outbreaks of food poisoning which will be described in detail.

### Food Poisoning

During 1960, 113 cases were officially notified, of which 27 were confirmed bacteriologically. Arising from the investigation of notified cases and other cases brought to the attention of the department, 79 cases were confirmed bacteriologically in all.

<i>Responsible Organism</i>				<i>Number</i>
Salmonella Typhi-Murium ..	..	..	..	41
„ Lexington ..	..	..	..	5
„ Blockley ..	..	..	..	3
„ Give ..	..	..	..	1
„ Thompson ..	..	..	..	1
Clostridium Welchii ..	..	..	..	28
Total ..				79

### *Outbreaks of Food Poisoning :*

(1) On the morning of 22nd January, the Department was notified that there were 20 to 30 cases of suspected food poisoning in one of the halls of residence of the University of Leicester. It became apparent on investigation that the probable source of infection was supper the previous evening. Of the 33 students at the first sitting, 17 were affected and of the 170 students at the second sitting, 15 were affected. Of the kitchen staff of ten only three were affected.

Of those affected, the symptoms appeared within four hours in all but four. The main complaints were nausea, abdominal pain and repeated vomiting. Diarrhoea was only present in those with a prolonged incubation period.

A joint of boiled mutton carved on a machine was given to students at the first sitting. Then cold meat was cut on the machine, heated and given to the kitchen staff. Further hot joints of mutton were cut on the machine for the students at the second sitting.



Faecal specimens obtained from students and staff were negative, but it is felt that staphylococcal toxin was the cause of the outbreak, whilst the meat cutter was the agent of distribution.

The presumptive course of events is that the mutton came into the premises on the 16th January and was made into joints on the 18th January. The meat was in a cold store and not a refrigerator, so that any staphylococci in the meat would have multiplied, producing a toxin by 21st January. Staphylococcal toxin is heat resistant. The first hot joint was probably infected with the toxin which contaminated the meat cutter and the cutter in turn infected some, though not all, of the cold meat. This accounts for the cases in the first sitting and the kitchen staff respectively. The joints cut for the second sitting were probably infected by the meat cutter and accounted for the sporadic cases amongst the second sitting.

I am grateful for the co-operation from staff and students during this investigation whilst the medical officer for the University gave invaluable help.

(2) An outbreak of food poisoning occurred at two schools following the consumption of luncheon on the 24th May. The meals were cooked in one kitchen and supplied to both schools. The meal was consumed by staff and students between 12 midday and 1 p.m. Patients noted the onset of abdominal pain and diarrhoea between the hours of 9 p.m. on the 24th May and 7 a.m. on the 25th May.

At one school, 66 patients, comprising staff and students, were clinically positive, but only 23 bacteriologically positive. In the other school 50 to 60 were clinically positive but only five bacteriologically positive. This is a common finding in food poisoning outbreaks because if the organism is very irritative to the intestine it is often eliminated entirely at the onset of symptoms and subsequent faecal samples are therefore negative. The causative organism in the outbreak was *clostridium welchii* which produces a highly irritating, heat-resistant toxin and was contained in the cold brisket of beef served for luncheon.

A 50 lb. joint was delivered to the butcher's on the 20th May and delivered to the school on the 23rd May. The cook did not consider the meat completely fresh, cut off 2 lb. from the joint, then washed, rolled and cut the remainder into six or seven pieces. The 2 lb. cut off as unfit was returned to the suppliers. The joint was then boiled, allowed to cool and placed in the refrigerator on the 23rd May. On the 24th May the meat was served cold.

Sampling showed *clostridium welchii* in the raw and cooked meat



and in the stools of 28 patients, indicating and implicating the toxin as the cause of the outbreak.

The department is indebted to Miss K. Roderick, the School Meals Organiser at that time, for her co-operation. Without her prompt notification and assistance the exact cause of this outbreak might not have been discovered. As a result of this joint investigation certain changes were made in the kitchen procedure of the School Meals Service to obviate further similar outbreaks.

(3) On November 14th, a resident of one of the halls of residence of the University called at Grey Friars to enquire why no investigation had been made into an outbreak of food poisoning in students who had eaten curry at an evening meal on 9th November. Despite at least seven students reporting their symptoms to various members of the staff, and one of the cooks reporting sick with diarrhoea, but returning to duty the same day, neither the medical officer for the University nor the Health Department were notified as they should have been. All investigations therefore were in retrospect and in this instance not only were the staff of the hall lacking in co-operation but at times were actually obstructive to those investigating this outbreak.

It was found that 49 students and two members of the kitchen staff had suffered from diarrhoea and/or vomiting late the same evening or during 10th November. The cause of the outbreak was the meat curry eaten by 60 to 70 people of whom 51 became ill. Approximately 120 people had alternative main courses to the curry with no complaints.

The curry served on 9th November consisting of steak, lamb and bacon has an interesting, if lethal, history ! The lamb was obtained on 5th November and cooked on that day. It was reheated and served hot on 6th November and the unused remainder kept in the refrigerator until 9th November. The steak was obtained on 8th November and cooked the same day. After cooking it was put in the refrigerator until 9th November. The bacon was what remained from breakfast on 9th November. All the meat was cut up, curried and cooked in a double boiler prior to being served at the evening meal. Presumably the lamb or the steak had become infested, and from the history the most likely culprit was again *clostridium welchii*, and its toxin the agent of discomfort.

It is hoped that as a result of measures taken during and after this investigation there will not be a repetition of this outbreak.

These three outbreaks illustrate very clearly that eternal vigilance, strict hygiene and proper methods of preparation and production of

food are necessary to avoid food poisoning. The rarity of such incidents is a tribute to the preventive work and health education performed by our public health inspectors in visiting catering establishments, assisted in the main by co-operative proprietors. When outbreaks have occurred, the opportunity is taken to give professional and technical advice to avoid recurrences.

### **Dysentery**

No major outbreaks occurred during the year. 155 cases were notified of which 48 were confirmed bacteriologically. Arising from the investigation of notified cases and other cases brought to the attention of the department, 87 cases were confirmed bacteriologically in all.

In investigating and controlling dysentery and food poisoning, over 700 people were investigated in all. In investigating and controlling these diseases we are akin to detectives investigating a crime. The sooner we are brought into the picture, the better, because if the trail is "cold" then our chances of finding the "criminal" diminish proportionately.

I should like to thank the Chief Public Health Inspector and all his staff, the Health Visitors, and Dr. N. S. Mair, Director of the Public Health Laboratory, for their help and advice in these investigations during 1960.

## VIRUS MENINGITIS

By T. A. I. REES, B.Sc., M.B., B.Ch., D.P.H., D.I.H., D.C.H., D.Obst.R.C.O.G.

(Deputy Medical Officer of Health)

During 1959 there were a few cases of virus meningitis but 1960 saw an outbreak of virus meningitis of some magnitude. No case of virus meningitis was notified in the first three months of the year but in May, June and July there was a considerable rise as can be seen in Table 5 on page 13 of the Report. By mid-May, due to the unusual number of cases, a notice was sent to all general practitioners in the City informing them of the outbreak and giving them the general symptomatology. In the main, this consisted of a severe headache usually at the vertex of the skull, vomiting, a rise in temperature and a stiff neck.

Notification of this type of meningitis is not a statutory requirement, but the department offered to arrange faecal sampling in suspected cases and in contacts until the outbreak had died out at the end of August. The numbers given in the table for notified and confirmed cases refer only to those voluntarily notified by hospitals and general practitioners. There were considerably more cases in the City which were not notified but diagnosed and treated at home.

There were no deaths from this outbreak and all cases recovered, usually within a week, but some of the older age groups were severely ill. Two cases presented with slight paralysis involving the lower limbs which cleared within 48 hours. Faecal sampling of contacts showed numerous symptomless excretors of the viruses indicating the high infectivity of the organisms.

The number of City cases admitted to hospital is shown in Table 5 but in the main, particularly as local experience of the disease increased, it was only the more severely ill patients who were admitted.

Three viruses were identified as causing this disease : Coxsackie B 5, ECHO 7 and ECHO 9. There were also a few unidentified viruses. In the first three months only the Coxsackie strain was isolated, but during July the ECHO strains were also isolated. A specific strain was not isolated from all cases even when clinically confirmed.

The age incidence of confirmed cases known to the department was :

Under 1 year	..	..	2
1 — 10 years	..	..	51
11 — 20 „	..	..	26
21 — 30 „	..	..	14
31 — 40 „	..	..	15
41 — 50 „	..	..	6
Over 50 „	..	..	2
			<hr/>
Total	..	..	116
			<hr/>

The sex incidence is shown in the table.

I am most indebted and grateful to Dr. N. S. Mair, and Dr. H. Mair, of the Public Health Laboratory, for the virology of these cases, apart from their help and advice at all times.

TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1921-1960

Year	Estimated Population	Birth-rate	Death-rate	Zymotic Death-rate	Infant Mortality
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.9
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8
1950	287,520	16.4	11.5	.58	29.5
1951	284,700	16.2	12.4	.09	25.2
1952	285,900	15.9	11.4	.09	24.2
1953	286,500	16.0	11.2	.20	24.8
1954	287,300	15.3	11.2	.09	27.2
1955	286,300	14.8	12.0	.15	23.4
1956	284,000	15.4	11.3	.11	19.7
1957	281,200	15.7	11.3	.19	17.6
1958	277,700	16.0	12.0	.086	25.45
1959	275,400	16.5	12.3	.34	20.88
1960	273,370	16.63	12.64	.051	24.42



TABLE 2—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
TOTAL DEATHS .. ..	M	1733	65	9	9	84	480	1086
	F	1723	46	5	7	46	326	1293
1. Tuberculosis of Respiratory System .. ..	M	19	—	—	—	3	12	4
	F	3	—	—	—	1	1	1
2. Other forms of Tuberculosis .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
3. Syphilitic Disease ..	M	4	—	—	—	—	2	2
	F	3	—	—	—	—	—	3
4. Diphtheria .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
5. Whooping Cough ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
8. Measles .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases .. ..	M	1	—	1	—	—	—	—
	F	2	—	—	—	—	1	1
10. Cancer of Stomach ..	M	32	—	—	—	1	16	15
	F	30	—	—	—	—	10	20
11. Cancer of Lung and Bronchus .. ..	M	124	—	—	—	7	62	55
	F	18	—	—	—	—	5	13
12. Cancer of Breast ..	M	—	—	—	—	—	—	—
	F	68	—	—	—	3	34	31
13. Cancer of Uterus ..	F	35	—	—	—	3	15	17
14. Other Malignant and Lymphatic Neoplasms..	M	163	—	—	—	10	50	103
	F	170	—	1	1	8	57	103
15. Leukæmia, Aleukæmia	M	7	—	1	2	1	2	1
	F	10	—	—	1	—	7	2
16. Diabetes.. ..	M	4	—	—	—	—	1	3
	F	13	—	—	—	—	3	10
17. Vascular Lesions of Nervous System .. ..	M	299	—	—	—	7	56	236
	F	409	—	—	—	4	49	356
18. Coronary Disease, Angina	M	303	—	—	—	10	115	178
	F	190	—	—	—	—	37	153

TABLE 2 (continued)—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Hypertension with Heart Disease .. .. .	M	53	—	—	—	1	13	39
	F	46	—	—	—	—	7	39
20. Other Heart Disease ..	M	179	—	—	—	3	33	143
	F	285	—	—	—	5	33	247
21. Other Circulatory Disease	M	74	—	—	—	2	18	54
	F	67	—	—	—	—	11	56
22. Influenza .. ..	M	2	—	—	—	1	—	1
	F	2	—	—	—	—	—	2
23. Pneumonia .. ..	M	71	5	2	—	1	10	53
	F	73	9	—	—	—	8	56
24. Bronchitis .. ..	M	120	2	1	—	2	30	85
	F	41	2	—	—	—	8	31
25. Other Diseases of Respiratory System .. ..	M	24	2	1	—	1	7	13
	F	3	1	—	—	—	—	2
26. Ulcer of Stomach and Duodenum .. ..	M	18	—	—	—	—	6	12
	F	8	—	—	1	—	1	6
27. Gastritis, Enteritis and Diarrhœa	M	4	1	—	—	—	—	3
	F	10	1	—	—	—	1	8
28. Nephritis and Nephrosis	M	19	—	—	—	4	8	7
	F	7	—	—	—	—	4	3
29. Hyperplasia of Prostate	M	14	—	—	—	—	—	14
30. Pregnancy, Childbirth, Abortion .. ..	F	3	—	—	—	3	—	—
31. Congenital Malformations .. .. .	M	12	10	—	—	1	1	—
	F	16	9	3	3	—	—	1
32. Other Defined and Ill-defined Diseases	M	122	44	2	2	10	21	43
	F	130	22	—	2	7	23	76
33. Motor Vehicle Accidents	M	22	—	1	2	8	5	6
	F	11	—	—	1	5	—	5
34. All Other Accidents ..	M	27	1	—	2	5	6	13
	F	50	2	1	—	1	2	44
35. Suicide .. .. .	M	16	—	—	1	6	6	3
	F	18	—	—	—	3	9	6
36. Homicide and Operations of War .. .. .	M	—	—	—	—	—	—	—
	F	2	—	—	1	—	—	1

**TABLE 3**  
**Showing the number of Deaths from certain Infectious Diseases**  
**in the Ten Years 1951-1960**

Disease	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Measles .. ..	2	2	0	0	0	0	0	0	0	0
Scarlet Fever .. ..	0	0	0	0	0	0	0	0	0	0
Diphtheria .. ..	1	0	0	0	0	0	0	0	0	0
Whooping Cough ..	2	2	2	0	1	0	1	0	0	0
Diarrhœa } Under two										
Enteritis } years of age	5	5	4	4	2	2	1	2	3	2
Influenza .. ..	117	7	29	3	25	16	37	7	80	4
Puerperal Fever ..	0	0	0	0	0	0	0	0	0	0
Cerebro-Spinal Fever ..	2	0	4	4	0	0	0	1	0	0
Poliomyelitis .. ..	1	0	1	1	0	0	3	1	0	0
Encephalitis Lethargica	0	0	1	0	0	0	0	0	0	0
Pneumonia .. ..	137	114	128	99	148	113	128	153	148	144

**TABLE 4**  
**CANCER STATISTICS, 1950-60**  
**(Calculated locally)**

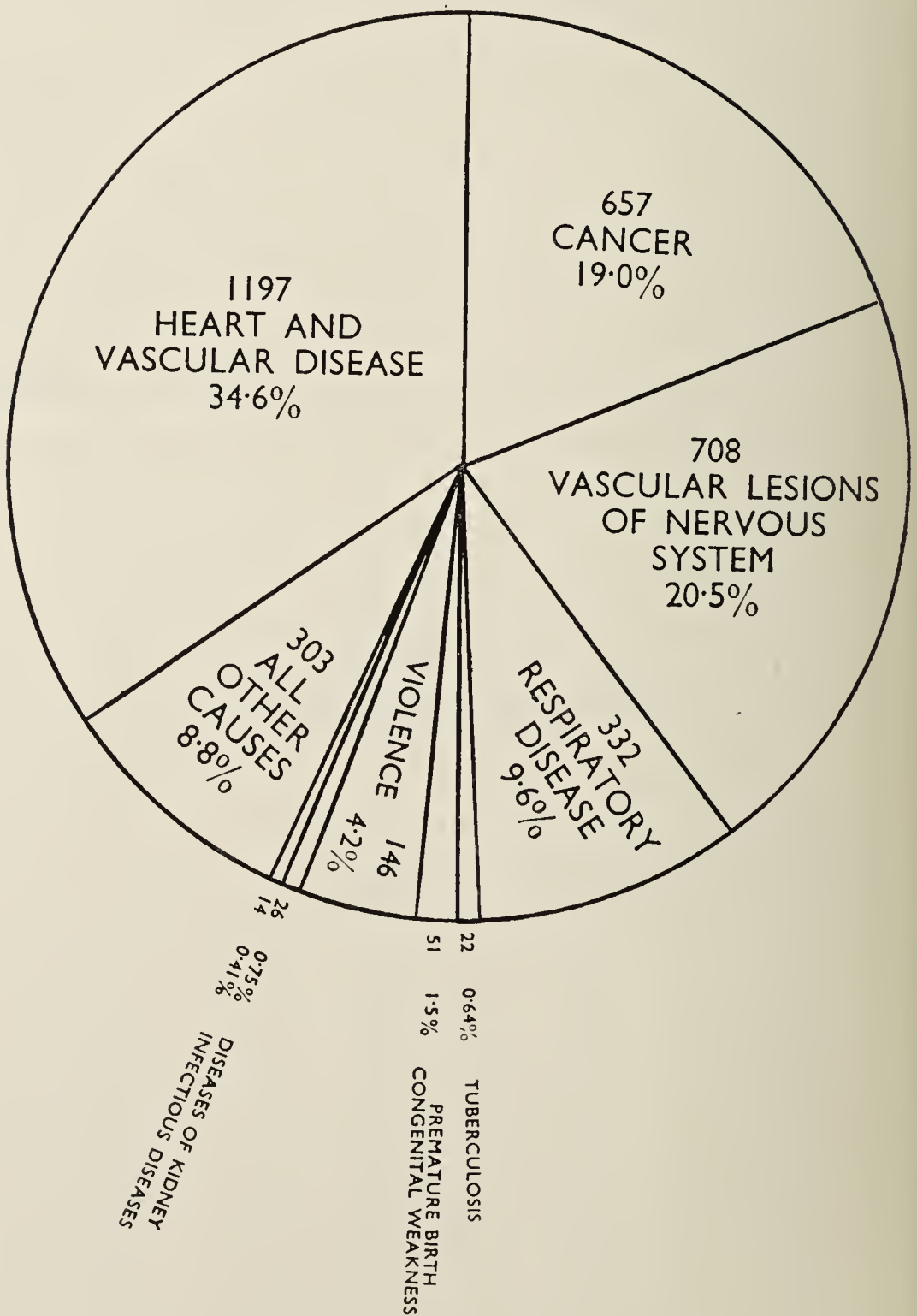
Year	Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death- rate per 100,000 Population
1950 .. ..	561	16.9	195
1951 .. ..	579	16.4	203
1952 .. ..	593	18.2	207
1953 .. ..	527	16.4	184
1954 .. ..	583	17.9	202
1955 .. ..	542	15.8	189
1956 .. ..	566	17.7	199
1957 .. ..	584	18.4	209
1958 .. ..	604	18.3	217
1959 .. ..	606	17.9	220
1960 .. ..	657	19.0	240

**TABLE 5**  
**VIRUS MENINGITIS**

Month of the Year	CASES			SEX		VIRUS ISOLATED		
	Notified	Clinically Con- firmed	Admitted to Hospital	Male	Female	Cox- sackie B5	ECHO 7	ECHO 9
April ..	3	1	3	1	—	1	—	—
May ..	25	12	15	9	3	5	—	—
June ..	42	34	29	16	18	24	—	—
July ..	38	36	14	18	18	19	3	4
Aug. ..	17	14	3	5	9	13	1	—
Sept. ..	3	3	3	3	—			
Oct. ..	8	4	8	3	1			
Nov. ..	8	8	7	4	4			
Dec. ..	7	4	7	1	3			
Totals	151	116	89	60	56	62	4	4

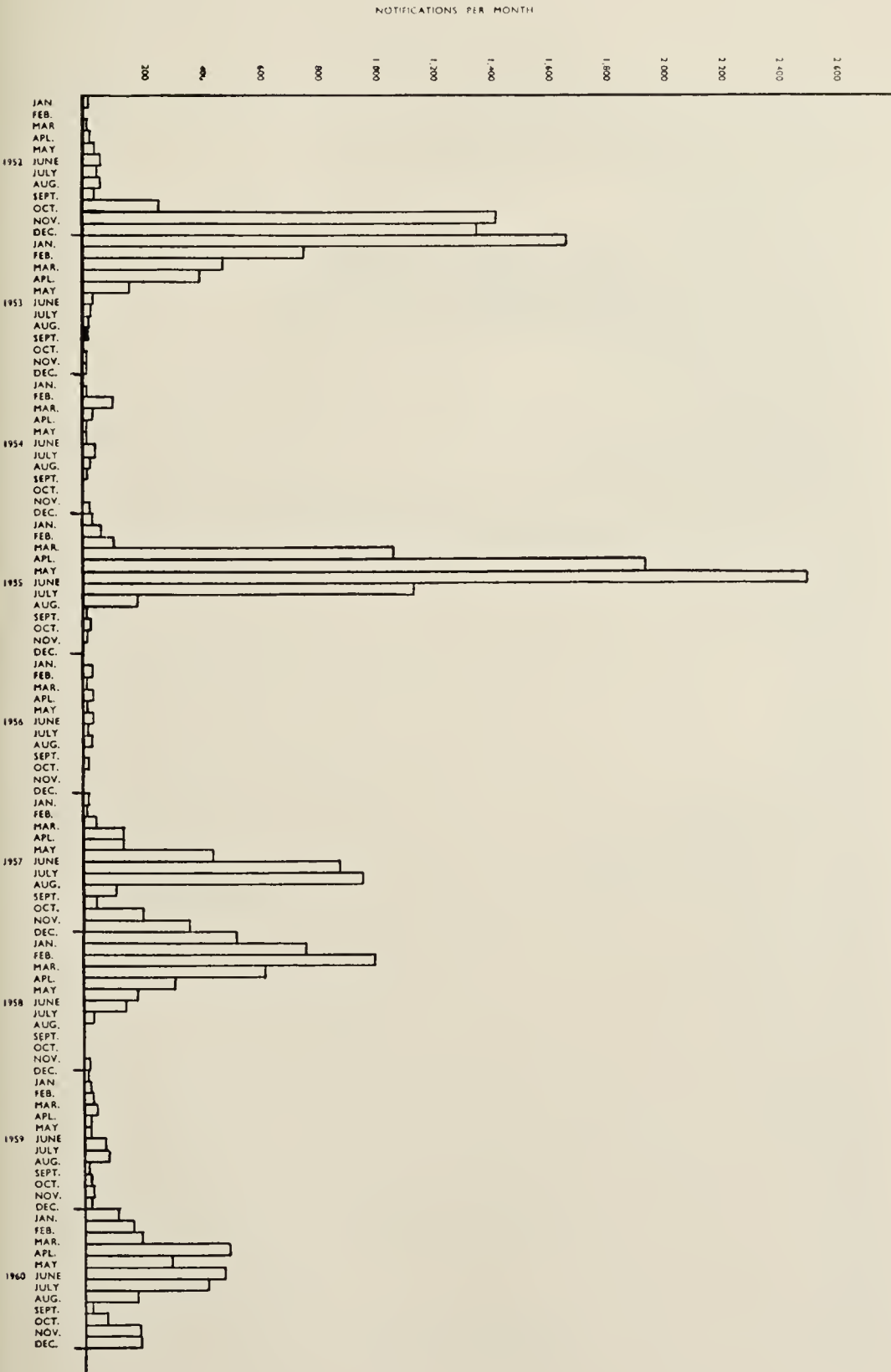
# PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1960

TOTAL DEATHS, 3,456

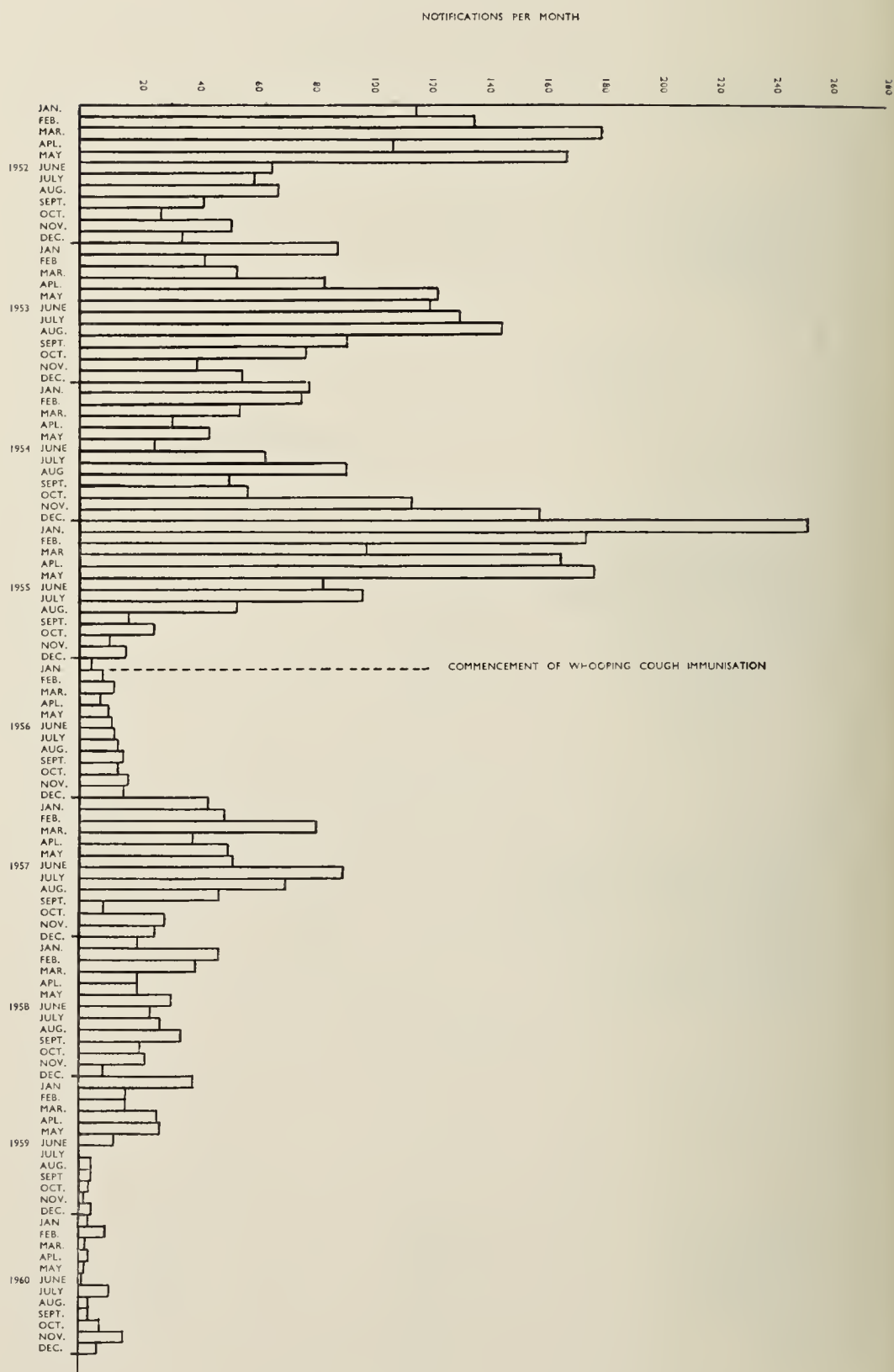




MEASLES NOTIFICATIONS 1952-60



# WHOOPING COUGH NOTIFICATIONS 1952-60



## SECTION B

---

### **Miscellaneous Health Services**

In this Section reports will be found on the following services :

- (a) Water Supplies
- (b) Sewerage
- (c) Cremation
- (d) City Ambulance Service
- (e) Mental Health Service
- (f) Home Nursing Service
- (g) Care and After-Care, Health Education
- (h) Home Help Service
- (i) Venereal Disease
- (j) Section 47, National Assistance Act
- (k) Children, neglected or ill-treated in their own homes
- (l) Prevention of break-up of families
- (m) Blind Persons
- (n) Re-housing on medical grounds

## WATER SUPPLIES

I am indebted to Mr. H. Wallhouse, M.I.C.E., M.ASCE., M.I.W.E., A.M.I.Mech.E., Water Engineer, for the following report on the work of his Department during 1960.

Mr. Wallhouse reports as follows :

- “(a) The water supply in the City area of the Leicester Water Undertaking has been of good quality throughout the year and no restrictions on the use of water have been imposed during this period.
- “(b) Samples have been taken of raw and treated water from all water resources of the Leicester Undertaking, including water from the resources of the Derwent Valley Water Board and the River Dove Water Board. These have been examined by the City Analyst both chemically and bacteriologically and details of this work have been given by the Analyst himself in his section of the Report. In brief, he approved as safe and satisfactory for drinking purposes all samples of chlorinated water taken from supplies to the City and reported that all filtered water would be satisfactory if subjected to terminal chlorination.
- “(c) Apart from the tests made on water from treatment works, analyses have also been made regularly of samples taken from consumers' fittings in the City, and again the Analyst has reported favourably.
- “(d) Some reports have been received from consumers of brown coloured water in supply. This discoloration is caused by the action of the Leicester water on the old iron pipes of the water reticulation. In all cases action has been taken to remove the trouble either by flushing hydrants, scraping the water mains or by laying mains to obviate dead ends. All mains laid during the last ten years have either been concrete lined or constructed of asbestos, in order to avoid iron discoloration.
- “(e) There are approximately 94,000 houses supplied in the City, and of these it is estimated that 1,000 are supplied from communal taps fixed in yards ; the population now supplied in the City is estimated to be 285,000.”

## SEWERAGE

I am indebted to Mr. John L. Beckett, M.I.C.E., M.Inst.Mech.E., M.Inst.Mun.E., F.R.S.H., M.T.P.I. City Surveyor, for the following statement on sewage disposal.

“Sewerage in the City of Leicester is reasonably adequate for the district.

The disposal of the sewage is at present carried out on Beaumont Leys Sewage Farm, which is now overloaded, and new works are in course of construction at Wanlip.”

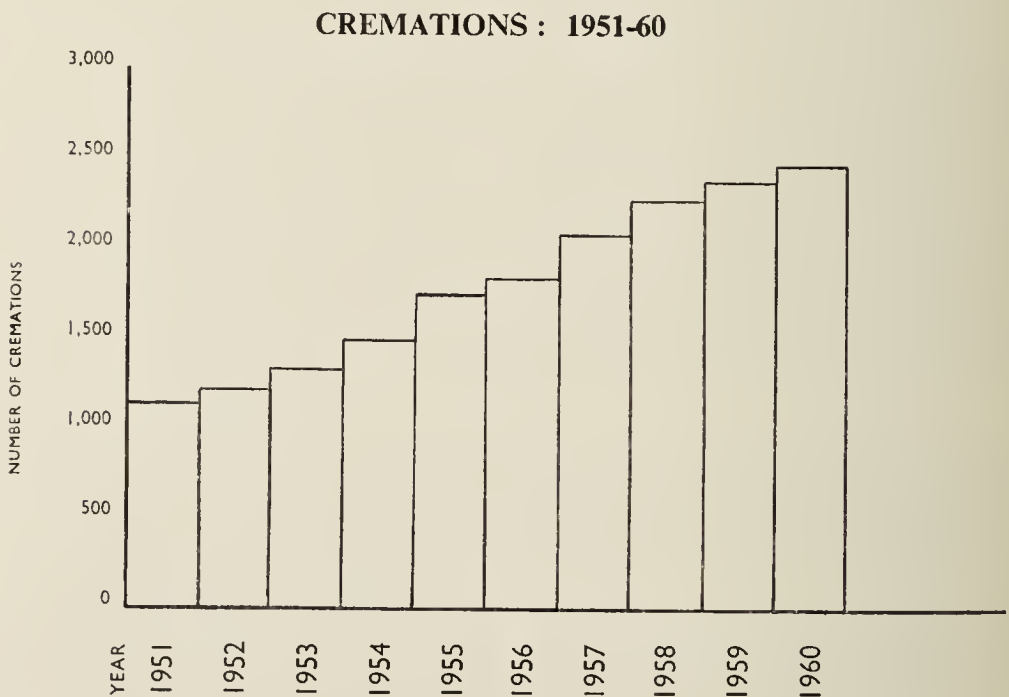


## CREMATION

I am indebted to Mr. D. G. Clarke, Superintendent Registrar, for the following information, which is extracted from his Annual Report.

There are now 148 Crematoria in operation in Great Britain. A total of 2,479 cremations were carried out at our Crematorium in 1960, the highest figure yet recorded, bringing the total number of cremations to 25,734 since the Crematorium opened in 1902.

The histogram below shows the steady increase in the number of cremations during the last ten years.



## CITY AMBULANCE SERVICE

(Mr. J. E. OSWELL, F.I.C.A.P., Chief Ambulance Officer)

In last year's report mention was made of the steady increase of calls being made upon the service each year. This year, as seen in the table comparing calls for 1960 with 1959, the total number of calls upon the service has increased to 94,066 in 1960, being an increase of 8,125 calls over 1959.

There has been an increase in all categories of calls with the exception of Maternity and Chargeable Transport calls.

The main increase in calls (4,380) was for "out-patients", being largely due to the increased numbers attending the Leicester Royal Infirmary and Leicester General Hospital. Three regrettable increases are :

- |  |         |     |
|--|---------|-----|
| 1. The considerable increase in road traffic accidents                       | ..      | 131 |
| 2. Patients found "dead on arrival", including road traffic accidents        | .. .. . | 26  |
| 3. The increase of "other accidents" largely accounted for by home accidents | .. .. . | 107 |

Abortive Calls numbered 1,297. The majority of such calls can be accounted for satisfactorily, e.g. when the ambulance arrives the patient is too ill to attend the hospital or has made his or her own way to the hospital without notifying the service. There is an increase of 387 compared with 1959. Each abortive call is investigated and when indicated, appropriate action is taken, particularly when false or malicious calls are made.

The mileage covered during 1960 (350,236 miles) shows an increase of 25,705 miles compared with 1959, being mainly due to the overall increase in calls upon the service whilst the average number of miles per patient has actually decreased.

On the 13th September we again commenced using one of the ambulance service vehicles for the conveyance of mentally subnormal children living at home, to and from the Emily Fortey School.

This work occupies a driver and an attendant twice a day for approximately three hours per day, and has been an additional call on the resources of the Ambulance Service.

The number of patients conveyed by train (328) is an increase of 34 patients compared with 1959. The conveyance of long-distance patients by rail is less tiring to the patient, more economical for the service, and is one of the factors that have helped in keeping the average miles per patient travelled by road at 3.7 miles per patient.

#### LEICESTER CITY AMBULANCE SERVICE

	Total Calls, 1960	Total Calls, 1959	Increase of 1960 over 1959	Decrease of 1960 from 1959
Out-patients .. ..	64,368	59,988	4,380	—
Admissions and Transfers ..	8,069	7,461	608	—
Discharges and Convalescence	8,006	7,345	661	—
Maternity .. ..	1,416	1,432	—	16
Mental .. ..	101	75	26	—
Dead on Arrival .. ..	388	362	26	—
Infectious .. ..	133	105	28	—
Accidents (Road) .. ..	1,105	974	131	—
Accidents (Other) .. ..	1,715	1,608	107	—
Premature Cot .. ..	32	23	9	—
Other Authorities .. ..	88	86	2	—
Chargeable Transport ..	92	97	—	5
Gas and Air .. ..	3,792	3,643	149	—
Transport .. ..	1,885	1,832	53	—
Abortive .. ..	1,297	910	387	—
Ambulance Service, less train journey mileage and children to Occupation Centre :				
Total calls .. ..	92,487	85,941	6,546	—
Total mileage .. ..	348,393	324,531	23,862	—
Average miles per patient ..	3.767	3.776	—	.009
Children to Occupation Centre:				
Number .. ..	1,579	—	1,579	—
Mileage .. ..	1,843	—	1,843	—
Average miles per child ..	1.167	—	—	—
Total calls .. ..	94,066	85,941	8,125	—
Total mileage .. ..	350,236	324,531	25,705	—
Average miles per patient, inclu- ding children taken to Occu- pation Centre .. ..	3.723	—	—	—
Patients by train .. ..	328	294	34	—
Mileage by train .. ..	38,036	30,641	7,395	—
Average miles per patient by train .. ..	116.0	104.2	11.8	—

## Staff

There has been no change in the establishment of the staff during the year but negotiations were completed for a new staff structure which would become operative in January, 1961.

There have, however, been many times during the year when the amount of work has severely extended the service and it is hoped that the new staff structure will ease the situation in 1961.

## Service Strength

			<i>Strength</i>	
			<i>31st Dec. 1960</i>	<i>Establishment</i>
Chief Ambulance Officer	..	..	1	1
Station Officers	..	..	2	2
Wireless Control Officer	..	..	1	1
Driver/Attendants	..	..	59	59
Female Attendants	..	..	6	9
Mechanics	..	..	4	4
Telephonist	..	..	1	1
Clerks	..	..	2	3
Canteen Assistant	..	..	1	1
Stoker Handyman	..	..	1	1
Coachpainter	..	..	1	1
			—	—
			79	83
			—	—

## Vehicles

The present strength of the Service is as follows :

17 Ambulances	5 Sitting Case Ambulances
2 Sitting Case Cars	1 Service Van

The vehicle Replacement Programme will proceed on a five-year basis.

## New Ambulances

By the end of the present financial year we shall have replaced ten of the old ambulances with new vehicles as described in the 1959 Report. These vehicles have proved a vast improvement on the old type of ambulance and are very much appreciated by all the driving staff and are a great deal more comfortable for the patient.

During the past year an improved modified version of the Air Suspension has been developed and all future vehicles will be fitted with this type of suspension.

During the year a large number of representatives of other local authorities have visited the Ambulance Station to see and try out this type of ambulance. The majority have been so impressed that they are following Leicester's lead in ordering similar vehicles for their own services.

One of these vehicles was displayed at the Earls Court Motor Show in 1960.

During the year we have taken delivery of a new Austin Gipsy, replacing a sitting case car and this will be used for various types of work including the towing of the Mobile Clinic.

### **Safe Driving Awards**

On 22nd July, 1960, Safe Driving Awards were presented by the Chairman of the Health Committee, Alderman F. J. Jackson. With five exceptions, all ambulance drivers qualified to receive these awards, and considering the conditions in the City and the large number of vehicles now travelling on the road, this is indeed a tribute to the careful driving by members of the Service.

### **Transport of Milk to the Human Milk Bank**

The Ambulance Service still continues to carry out this service daily.

### **Two-Way Radio**

The use of radio communication on the Ambulance Service has no doubt proved to be one of the outstanding features of the service.

The present sets were first purchased at the beginning of 1954 and it was then agreed that the sets would have a service life of seven years. These sets are now nearing the end of their life and will be replaced by January, 1962, to conform with the recommendations made by the G.P.O. Radio Service Department regarding operational frequency changes.

### **Home Nursing Service Transport**

The Ambulance Service is still responsible for the repair and maintenance of the Home Nursing Service transport. Some of the cycle-masters have now been disposed of and are steadily being replaced with Ford Popular cars.

### **Mobile Clinic**

The transporting of the Mobile Clinic to the large estates on the City boundary is still carried out by the Ambulance Service, and the vehicle



now used for towing this is the new Austin Gipsy vehicle which replaced the sitting case car.

### **Premature Baby Cots**

The use of these cots, fitted with special facilities for heating and oxygen supply, has been continued in 1960.

When the two premature baby cots first came into operation, two vehicles were specially adapted for their transport. Since then it has been found that it was not economical to have only two vehicles earmarked for this purpose. Consequently, a new type of lightweight alloy trolley was made, lightweight batteries and oxygen cylinders fitted, and this self-contained unit can be used in any ambulance or other type of vehicle.

### **Civil Defence**

Training of civil defence volunteers has continued.

Four new ambulances for training purposes are now in service ; two of which are owned by the local authority and two on free loan from the Ministry.

The instruction of volunteers is carried out by the Civil Defence Instructor, Mr. Wadeson, and two of the peacetime ambulance drivers who have qualified as instructors in Civil Defence.

### **Resuscitation Apparatus**

The accidental death-rate is increasing year by year because of the growing number of traffic and electrical accidents, drownings, falls, poisonings and suffocations. It is important that the Ambulance Service is kept up to date with all the most modern methods of resuscitation of patients. Until recently we have depended on indirect artificial respiration. Now, however, medical research has shown that the direct method of restoring breathing is far superior, and the method of mouth-to-mouth respiration is now being used. For aesthetic reasons, to avoid direct contact, an airway is used and this provides a safer, more effective and easier way of employing direct artificial respiration. All ambulances of the Service are now carrying this equipment, and we also have the Stevenson Minuteman direct artificial respiration equipment available at the station. This is a costly but very effective method of direct artificial respiration.

## Co-operation

Accidents around the City boundary are dealt with by the City and County Services who have the nearest ambulance available. No charges are made by one service to the other in respect of normal routine work. These reciprocal arrangements have resulted in a large saving in mileage and improved efficiency. The only charge made to the County Ambulance Service is the conveyance of premature babies from within the county area to the Leicester General Hospital by the specially-heated premature baby cots.

Co-operation with the City Police and Fire Services has remained on a high level. British Railways deserve our gratitude for their excellent co-operation when patients are being transported by rail.

1960 has been a very busy year owing to the heavy commitments of the service. What has been accomplished is due in no small measure to the officers and staff of the Ambulance Station, and I would like to thank them for their energy, efficiency and support during the year.

Vehicle "Calls" by Road :	1953	1954	1955	1956	1957	1958	1959	1960
	82,253	80,687	81,358	81,207	79,484	82,472	83,806	89,835
City Ambulance Service ..	1,676	1,940	2,325	2,257	1,504	1,419	2,135	2,652
St. John Ambulance Committee								
TOTALS	83,929	82,627	83,683	83,464	80,988	83,891	85,941	92,487
Mileage by Road :	1953	1954	1955	1956	1957	1958	1959	1960
City Ambulance Service ..	386,018	349,727	320,812	312,881	310,105	315,446	316,886	339,169
St. John Ambulance Committee	5,491	6,244	7,646	7,305	5,366	5,304	7,645	9,224
TOTALS	391,509	355,971	328,458	320,186	315,471	320,750	324,531	348,393
Average Miles per Patient by Road	4.66	4.31	3.92	3.84	3.90	3.82	3.78	3.77
Patients Conveyed by Train :	1953	1954	1955	1956	1957	1958	1959	1960
Patients conveyed by train ..	65	153	242	321	376	296	294	328
Number of miles travelled by train ..	12,862	23,278	31,625	38,590	44,901	35,295	30,641	38,036
Average miles per patient by train ..	197.9	152.1	130.7	120.2	119.4	119.2	104.2	116.0
Children Conveyed to and from the Occupation Centre :	1953	1954	1955	1956	1957	1958	1959	1960
Children to and from the Occupation Centre	22,239	25,142	23,847	*6,563	—	—	—	†1,579
Mileage ..	17,685	16,506	15,681	5,693	—	—	—	1,843
Average miles per child ..	.79	.66	.66	.87	—	—	—	1.17

† Four months only

\* Seven months only

## MENTAL HEALTH SERVICE

(Mr. S. A. GOODACRE, Chief Mental Health Officer)

During the year under review a great many Circulars and Memoranda were issued in respect of the changes in the Mental Health Services.

Perhaps the most important of all was when Parts I, IV, VII and IX of the Mental Health Act, 1959, became effective. This was on 1st November, 1960.

Then the terms mental defectiveness, mental deficiency and defective were abolished and those suffering from an arrested or incomplete development of mind are in future to be referred to as persons suffering from severe subnormality or subnormality.

This presented some difficulty as did other changes throughout the year in consolidating statistics for presentation in this report, but every effort has been made to use the new terms and merge the whole into as clear a picture as possible.

### Staff

There were no staff changes during the year at the Mental Health Department in Charles Street. This staff consists of the Mental Health Officer, his Deputy and four Mental Welfare Officers. In addition there are two Mental Health Social Workers, one of whom specialises in the community care of those under 16 years and one with a special group of mentally ill persons. Assistance with administration is provided by two Shorthand Typists.

At the Emily Fortey School we commenced the year with the Supervisor, her Deputy, four Assistant Supervisors, two Male Handicraft Teachers and one Nursery Assistant. To this staff was added one Assistant Supervisor, two Nursery Assistants and one part-time Laundress. This was in the early spring, when completed building extensions enabled more pupils to be taken into the School.

We have one full-time Gardener/Handyman and part-time staff consisting of one Cook, one Assistant Cook, three Kitchen Assistants, two Dining Room Attendants, three Bus Attendants and two Cleaners.

### Account of Work Carried Out

At the beginning of the year we had 1,234 community care cases.

Between 1st January and 31st December, 591 new cases were referred, making a total of 1,825 cases dealt with during the year.

517 cases were either admitted to hospitals, were removed from the supervision register or dealt with without the need for continued community care during the year, leaving a total community care case load of 1,308 cases on 31st December.

Mental Disorder				
Mentally ill	..	..	..	552
Severely Subnormal	}	..	..	756
Subnormal				
Psychopathic disorder	..	..	..	—
Total ..				1,308

This does not necessarily mean we have no persons with whom we are dealing who suffer from a psychopathic disorder, but those we have are either of normal intelligence and are also mentally ill or they are of subnormal intelligence.

### Mental Illness

It is estimated that there were about 700 city patients admitted to the Towers Hospital during the year and of that number 245 were taken for admission by officers of this Department. Patients taken for admission to other Psychiatric Hospitals were :

- 13 patients to Carlton Hayes, Narborough
- 1 patient to St. Andrews, Northampton
- 1 patient to Long Grove, Epsom

Up to 31st October, 1960, the admissions were :

Voluntary or Non-Status patients	..	..	..	76
Certified (Sec. 14, 15, 16 Lunacy Act, 1890)	..	..	..	4
Three-Day Order (Sec. 20, Lunacy Act, 1890)	..	..	..	130
Total ..				210

From 1st November to 31st December, 1960, the admissions were :

Informal	..	..	..	..	22
Sec. 29—Emergency—3 days	..	..	..	..	22
Sec. 25—Observation—28 days	..	..	..	..	3
Sec. 26—Treatment—1 year	..	..	..	..	2
Sec. 60—Treatment (Court Order)	..	..	..	..	1
Total ..				..	50



To summarise the admissions during the year :

	1960	(1959)
Those patients admitted who were willing to have treatment .. .. .	98	(79)
Those patients admitted unwilling, admitted under Order .. .. .	162	(176)
	<hr/>	<hr/>
Total .. .. .	260	(255)
	<hr/>	<hr/>

During the year Psychiatric Hospitals staffs have reported patients who have absented themselves and that these patients need to be found and encouraged to return. 26 patients were so referred during the year and all were successfully returned to hospital.

Social histories are provided in respect of our admissions, the admissions are followed up, officers attend case conferences and Mental Welfare Officers have team affiliation to the three firms, or teams, at the Towers Hospital. Close co-operation is experienced and is only marred by the complete absence of information in respect of the admission and movement of patients not admitted by our officers.

Of the 515 total number of patients referred who were suffering or alleged to be suffering from mental illness, 229 of these were not thought to be in need of admission to hospital. Some needed social work or case work and some needed no further action once their surface problem had been solved.

Of those who were not admitted to hospital :

136 needed continued Community Care

93 needed no further action

### **Subnormality, Severe Subnormality (Mental Deficiency)**

When the year commenced we were carrying out supervision in respect of 719 persons.

During the year a further 76 were referred and investigated, 75 of whom were ascertained and considered to be suffering from Severe Subnormality or Subnormality.

There were therefore 795 patients dealt with in one or other of these categories during the year.

After a great deal of investigation, one patient was found to be basically of normal intelligence and needed no further action.

38 patients were removed from the community care supervision register during the year for the following reasons :

Admitted to Long Stay Hospital Care	..	23
Removed to area of other Authorities	..	11
Died	.. .. .	4
		—
Total	.. .. .	38
		—

At 31st December the Community Care case load concerned 756 persons who were suffering from subnormality or severe subnormality.

The trend of the supervision register over the years is shown in the following table.

On 1st January, 1951	..	..	..	491
1952	..	..	..	537
1953	..	..	..	562
1954	..	..	..	575
1955	..	..	..	589
1956	..	..	..	643
1957	..	..	..	677
1958	..	..	..	677
1959	..	..	..	692
1960	..	..	..	719
On 31st December, 1960	..	..	..	756

This section of our community care responsibility has often had to be left to enable officers to deal with the more urgent surface problems of the mentally ill. This inadequate coverage has made it difficult to present accurate figures when planning for the future of such patients. Nevertheless no patient with a great need is neglected.

Out-patient clinics are held at the Mental Health Department, at the Glen Frith Hospital or at the patients' own homes according to need, and a great deal of advice and help is forthcoming from these clinical sessions. The frequency of these clinics will undoubtedly be increased in the coming year.

*Short term hospital care* is sometimes needed for treatment and diagnostic purposes and Dr. A. A. Valentine and Dr. J. Barron have helped enormously in this respect.

During the year 54 applications were made for temporary or short stay hospital care.

Four of these applications were withdrawn, two by parents who had changed their plans and two because the patients were admitted to long stay care before the temporary care facilities had become available.

The aggregate stay of the 50 patients who were admitted totalled  $150\frac{1}{2}$  weeks and many parents obtained relief and patients were given help by this means.

There is no doubt that long stay care applications are reduced by the timely help given by the provision of this short stay care.

*Long stay hospital care.* Our waiting list on 1st January was for 38 places.

During the year 23 names were added to this list and 23 were removed. Twenty of these names were removed when they were admitted to long stay care, two were removed because of improved home circumstances and one because of death.

On 31st December we were still in need of 38 vacancies for those in the community. Details are shown in the following table.

	URGENT				NON-URGENT				Total
	Under 16 years		16 years and over		Under 16 years		16 years and over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Severely Subnormal :									
"Cot and Chair" ..	—	2	1	1	2	1	—	—	7
Ambulant ..	1	2	4	12	2	2	2	4	29
Subnormal ..	—	—	—	—	—	—	2	—	2
Totals ..	1	4	5	13	4	3	4	4	38

There are also 11 patients in the Towers Hospital who are considered to need Glenfrith Hospital accommodation.

## Training

The greatest aid to field workers who are trying to help the mentally subnormal is undoubtedly facilities for training and occupation, and as many suitable patients as possible are admitted to the Emily Fortey School.

The School, originally designed for 120 places was opened in 1956. Extensions were added in the early spring of 1960 to provide training for a further 15 nursery pupils and to enable domestic training to be improved for the senior girls. The dining hall was also considerably enlarged at this time.

There are now six classrooms and two craftrooms, plus a room equipped with domestic training appliances specifically for pupil training purposes. Collective training takes place in the hall and some pupils receive individual instruction in the kitchen.

Transport is provided by three hired coaches, each staffed by the coach company driver and a part-time attendant employed by the committee. One ambulance was added to provide supplementary transport in the spring, when more pupils were able to attend because of the increased accommodation.

At the end of the year we had 144 pupils on the register.

There were 22,595 actual attendances out of 25,606 maximum possible during the year. The average attendance was 119 pupils per day for the whole year.

The age range of pupils attending on 31st December was as follows :

			M.	F.	Total
Under 5 — years	..	..	3	2	5
5 — 10 „	..	..	19	13	32
11 — 15 „	..	..	30	20	50
16 — 20 „	..	..	13	12	25
21 — 30 „	..	..	9	14	23
31 and over	..	..	3	6	9
			—	—	—
Totals	..	..	77	67	144
			—	—	—

There were many visitors to the School during the year and a variety of students continue to be brought as part of their training. There were Student Psychologists, Health Visitors, Students from the N.A.M.H. Diploma Course, Social Science, Teachers Training and Domestic Science Courses, Nurses and groups from the 1st Adult Training Centre Course at Birmingham.

The pupils had their Annual Outing on 30th June when they were taken to Wicksteed Park, near Kettering. Open Day was held on 14th July.

### Medical Examinations

A Health Visitor attends each week.

Periodic medical examinations were carried out by Dr. M. B. Pepper in respect of all pupils.

Re-examination of pupils to assess their progress was begun by Dr. A. M. Brummitt.

S. A. GOODACRE



EMILY FORTEY SCHOOL DENTAL SERVICE REPORT

All the pupils in the school, including those in the crèche, were inspected, a total of 133, of whom 43 were defective but not referred for treatment and 57 were referred for treatment. Two swabs were taken, both being positive for Vincents organisms and these two pupils were excluded from school and treated by their own family doctors and were not permitted to return to school until a negative swab had been taken. We were fortunate in being able to appoint an oral hygienist, Miss P. S. Palmer, who gave oral hygiene instruction and did scaling and polishing for 24 children. Thirty-three children attended Richmond House clinic for extractions only, once again the Ambulance Service providing a shuttle service. Thirty-two permanent and 28 temporary teeth were extracted for these 33 children.

As usual I wish to record my grateful thanks and admiration to Mrs. Taylor and her staff for all their assistance both at inspections and during treatment.

Dental Inspection and Treatment

Year	No Treat- ment Required	Defective Not Referred	Defective Referred for Treatment	In- spected	Anaes- thetics Given	Perma- nent Teeth Extracted	Tem- porary Teeth Extracted
1960	33	43	57	133	33	32	28
1959	26	48	33	107	40	54	15

P. S. R. CONRON, L.D.S. R.C.S.(Eng.)

Further Training Plans

Statistics relating to the need for Junior Training Centres, Adult Training Centre, Sheltered Workshop, Hostels, Social Clubs and evening handicraft classes at 31st December, 1960 :

Waiting list for **Junior Training Centre** (Emily Fortey School) :

Under 5 years	..	6
Aged 5 — 15 years	..	12
		—
Total	..	18
		—

All of these suffer from severe subnormality.



Those in need of **Adult Training Centre** (for those over 16 years of age who may suffer from any form of Mental Disorder and who are potential graduates to outside employment) :

	M.	F.	Total
At present attending at the Emily			
Fortey School .. .. .	10	4	14
Other Probables from the Community	28	13	41
Other Possibles from the Community	10	3	13
	—	—	—
Totals .. .. .	48	20	68
	—	—	—

Ability	Mentally Ill	Subnormal	Severely Subnormal	Total
Good ..	8	2	11	21
Average ..	13	3	18	34
Poor ..	7	—	6	13
	—	—	—	—
Totals ..	28	5	35	68
	—	—	—	—

**Sheltered Workshops** (for those over 16 years of age who suffer from any form of Mental Disorder and who are never likely to progress to outside employment) :

	M.	F.	Total
Those at present attending the Emily			
Fortey School .. .. .	15	28	43
Other Probables from the Community	34	25	59
Other Possibles from the Community	2	2	4
	—	—	—
Totals .. .. .	51	55	106
	—	—	—

Ability	Mentally Ill	Subnormal	Severely Subnormal	Total
Good ..	6	1	1	8
Average ..	22	7	37	66
Poor ..	11	—	21	32
	—	—	—	—
Totals ..	39	8	59	106
	—	—	—	—

**Hostels** (for those who are already included for training establishments) :

	M.	F.
Those now living at home and considered to be in need of :		
Long Stay accommodation .. .. .	16	9
Temporary .. .. .	7	5
	—	—
Totals .. .. .	23	14
	—	—

Those now in lodgings :		M.	F.
Long stay accommodation .. ..	20	5	
Temporary .. ..	1	2	
For those who are in employment (no training requirements) :			
In unsatisfactory accommodation ..	10	8	

It is further considered that the following facilities are needed for the number of patients indicated :

	M.	F.	Total
Social Clubs .. ..	56	40	96
Evening Handicraft Classes ..	15	—	15
Social Clubs, Evening Handicraft Classes combined .. ..	60	49	109

These figures in respect of Social Clubs, etc. might be altered considerably when we have the day training and Sheltered Workshop facilities.

To arrive at the foregoing statistics a great deal of intelligent guess-work was employed. This is unavoidable despite the long briefing given to the staff before their enquiries commenced.

Each individual officer has assessed his own patient needs on his interpretation of the potential of a Training Centre, Sheltered Workshop or Hostel.

These statistics should be taken to be as accurate an assessment as it is possible to obtain, but they can only be used as a guide to planning.

I consider more use might be made of the facilities when we have them in existence.

Annual increasing needs for a year or two may be as follows :

	M.	F.	Total
For the Junior Training Centre ..	6	6	12
For the Adult Training Centre ..	8	7	15
For the Sheltered Workshop ..	8	7	15
For the Hostels .. ..	10	5	15

None of these figures take into account the use which could be made of the facilities by those who could be discharged from hospitals.

## Conclusion

If we are to accept the idea of the reorientation towards community care of the mentally disordered, we must adequately provide for all patient needs. We have already planned to have our Adult Training Centres, Sheltered Workshops and Hostels within the next seven years,

and may even have the first of each during 1961, but most of all we should have staff increases capable, in advance, of dealing with these developments.

First, I consider we should considerably strengthen our field officer complement, so that we can really be in touch with all patient needs.

Staff training is strongly recommended and if we are to release officers for this purpose we must first have an increase in numbers.

Next in importance is the need to acquire officers who are going to run these new establishments so that they can get in touch with the problem and assess the need before being given a building and a quantity of patients with whom they must deal.

Finally, I think there is room for considerable improvement in the administrative liaison between the hospitals and the Local Health Authority.

The responsibility for the mental health of the community has now been placed with Local Authorities, but it is impossible for a clear, definite and comprehensive picture to be formed without full information from the hospitals. I realise that consideration of professional confidence must be given full weight, but with goodwill I am sure all difficulties will be overcome.

S. A. GOODACRE

## HOME NURSING SERVICE

### Senior Superintendent's Report for the Year 1960

(Miss A. RATCLIFFE, S.R.N., S.C.M., Q.N.S.)

It is my privilege to report on the work of the Service for the year 1960. The most important change during this period was the reorganising of the district nurse training.

For the past two years discussions regarding a shortened course of training have taken place between the Ministry of Health and the Queen's Institute of District Nursing, resulting in an agreement that a four and three months', as opposed to a six and four months' course, should be adopted by Local Authorities responsible for the training of district nurses.

With the help of the Medical Officer and Deputy Medical Officer of Health, a course of lectures in accordance with the Queen's Institute's syllabus was planned, submitted and accepted by the Ministry of Health and the Queen's Institute, who also approved the amenities provided for practical training and study. As a result, the shortened course of training commenced in May with five students, four for our own staff and one for Hertfordshire County Council. All students were successful in the examination, one gaining credit in practical and theory.

The syllabus, whilst being concentrated, is well planned, covering every aspect of the work, training the nurse to meet present-day demands for comprehensive nursing care of the patients. Also, being of shorter duration, the monetary loss for the student is reduced. It is anticipated that recruitment to the Service will improve, which will eventually help to meet the increasing demand throughout the country for trained district nurses.

I take this opportunity to thank the lecturers, hospital authorities, general practitioners, Health Department staff and all who helped to make the first shortened course of district nurse training successful.

#### Refresher Courses for District Nurses

Eight members of the staff appreciated the opportunity of attending the courses arranged by the Queen's Institute of District Nursing at the University of Nottingham and the William Rathbone College, Liverpool. The contents of each course emphasised the changes taking place in the mental health field.

#### Staff

Five nurses resigned during the year, two for work abroad and three for home duties.



Miss E. O. Ashton, Superintendent, Training Centre, tendered her resignation in December on her appointment as Queen's Visitor, Western Area. Miss Ashton has been a member of the administrative staff for the past 12 years. Her loyal support and unsparing service to the Department are deeply appreciated.

The establishment remains at 51 full-time staff, comprised of 44 full-time (including 7 male nurses) and 10 part-time nurses.

The sickness rate was particularly heavy during the summer months when three nurses were off duty for long periods. One nurse was granted maternity leave in November and will return for duty late March, 1961.

Road accidents were few and of a minor nature (five for the full year) resulting in only one nurse being off duty for three days.

The Service is working successfully from the three centres, the Superintendents and staff continuing to give satisfactory service. Numerous letters of appreciation were received from grateful patients, relatives and friends. I also add my own thanks to all members of the staff for their loyalty and service.

## Transport

The continued improvement in the mode of transport is a valuable asset to the Service. By the use of the cars travelling time has been greatly reduced ; consequently the staff can give more time to the patients, they are less exhausted, and in bad weather arrive at the patient's home in a more respectable condition. These factors alone raise the morale of the staff.

The following figures give the transport position at the end of the year and show the improvement during the past three years :

	1958	1959	1960
Cars owned by Local Authority .. .. .	3	9	11
Private car owners receiving motor vehicle allowance .. .. .	13	22	27
Private scooter owners receiving motor vehicle allowance .. .. .	2	3	2
Other vehicles owned by Local Authority :			
B.S.A. Dandys .. .. .	3	3	3
New Hudsons .. .. .	4	—	—
Cyclomasters .. .. .	22	15	10

The Service is indebted to Mr. J. E. Oswell, Chief Ambulance Officer, and his staff, for servicing the Local Authority vehicles.



## Nursing Work Statistics

Year	Total cases	Total Visits
1951	6,973	133,690
1952	7,981	136,586
1953	8,381	157,198
1954	9,339	167,665
1955	9,382	166,983
1956	9,157	165,887
1957	8,726	168,399
1958	7,865	165,134
1959	7,181	161,317
1960	6,665	161,426

### Summary of work in each area

		No. of Cases		No. of Visits	
		1959	1960	1959	1960
Central ..	..	2,854	2,613	58,248	58,376
West End ..	..	2,275	2,055	58,062	57,157
Belgrave ..	..	2,052	1,997	45,007	45,893
Totals ..		7,181	6,665	161,317	161,426
Males nursed ..	..	2,761	2,603		
Females nursed ..	..	4,420	4,062		

### Classification of Cases and Visits

		1959	1960	1959	1960
		Cases	Cases	Visits	Visits
Medical ..	..	5,384	5,088	125,985	126,820
Surgical ..	..	1,556	1,362	29,502	26,281
Notifiable diseases ..	..	50	13	413	78
Tuberculosis ..	..	80	79	4,484	4,246
Maternal complications ..	..	111	123	933	1,066
Casual visits ..	..	—	—	—	2,935

### Source of Cases

		No. of cases		%
General practitioners ..	..	..	4,636	69.56
Leicester Royal Infirmary ..	..	..	1,418	21.28
Leicester General Hospital ..	..	..	236	3.54
Hillcrest Hospital ..	..	..	12	.18
Other Hospitals ..	..	..	100	1.50
Chest Clinic ..	..	..	38	.57
School Medical Services ..	..	..	—	—
Health Department ..	..	..	70	1.05
Welfare Department ..	..	..	41	.61
Direct application ..	..	..	114	1.71

### Average monthly case and visit load per nurse

		Case load		Visit load	
		1959	1960	1959	1960
Central ..	..	15	14	303	304
West End ..	..	15	14	345	367
Belgrave ..	..	13	13	270	303

### Result of Treatment in Age Groups

Result of Treatment in 1960						65 and over	Total
			0-4	5-14	15-64		
Recovered	..	..	293	266	1,734	1,005	3,298
Hospital	..	..	17	17	481	485	1,000
Died	..	..	6	—	185	517	708
Referred to Health Visitor			82	—	90	15	187
Referred to Nursing Home			—	—	6	44	50
Referred to Private Nurse..			—	—	1	12	13
Refused treatment	..		—	1	2	3	6
Left the district..	..		2	2	26	44	74
Other causes	..	..	—	5	56	82	143
Carried forward to 1961	..		13	3	325	845	1,186
			413	294	2,906	3,052	6,665

### Classification of Main Diseases, Cases and Visits

	Cases	Visits	% of total cases	% of total visits	Average No. of visits per case
Tuberculosis .. ..	79	4,246	1.19	2.63	54
Cancer .. ..	454	18,697	6.81	11.58	41
Other tumours .. ..	100	1,157	1.50	.71	11
Diabetes .. ..	128	14,694	1.92	9.10	115
Anaemia .. ..	411	10,761	6.17	6.65	26
Heart and circulatory ..	1,041	40,580	15.62	25.14	39
Respiratory .. ..	929	11,728	13.94	7.26	12
Digestive .. ..	776	5,983	11.63	3.71	7
Renal diseases .. ..	52	985	.78	.61	19
Generative organs—male and female .. ..	421	3,558	6.32	2.21	8
Maternal complications	123	1,066	1.85	.66	8
Boils, abscesses and skin diseases .. ..	602	10,032	9.03	6.21	16
Acute rheumatism .. ..	4	80	.06	.05	20
Rheumatoid arthritis ..	97	4,903	1.45	3.04	50
Diseases of the nervous system .. ..	360	17,401	5.40	10.78	50
Diseases of the eye and ear .. ..	152	1,769	2.28	1.11	11
Other specified or ill-defined diseases ..	614	7,174	9.21	4.44	11
Diseases of the bones ..	59	2,086	.89	1.29	35
Congenital malformations	10	325	.15	.20	32
Infectious and parasitic cases .. ..	13	78	.19	.05	6
Allergic disorders .. ..	8	80	.12	.05	10
Accidents :					
Occupational .. ..	18	106	.27	.08	6
Road .. ..	83	1,343	1.25	.83	16
Home .. ..	131	2,594	1.97	1.61	19

## General Observations

The statistics reveal a considerable reduction in the number of cases referred for treatment, with a slight increase in the number of visits. This is no doubt due to a decline in chemotherapy treatment which was of necessity short-term. With the introduction of antibiotics a few years ago there was a sharp rise in the number of cases (i.e. the years 1953-58) but recent advances in medicine have made it possible for more drugs to be given orally and therefore in these cases trained nursing assistance is no longer required. The reason for the increase in the number of visits is due to the nursing of the long-term illnesses. In 1959 1,617 patients had 24 visits and over, with a total of 118,180 visits compared with 1960—2,629 cases and 123,555 visits. From observations of these long-term cases it was found they required expert nursing care ; many were incontinent and the average time spent on each case ranged from half to two hours daily. Several patients were discharged from hospital requiring total nursing care and rehabilitation. With this increase it was necessary, in spite of having improved transport, to reduce the nurses' daily case load.

## Medical Cases

The highest percentage of the total patients are medical cases, most of them being long-term in the older age group, requiring total nursing care. This particularly applies to patients in the heart, circulatory and cerebral groups, where the statistics reveal an increase in the cases and visits. An increase is shown in the number of cases and visits paid to patients suffering from cancer.

## Surgical Cases

The majority of these cases are referred from the hospitals and again the statistics reveal a reduction in the cases and visits. Mostly they are short-term post-operative dressings, road and home accidents, also a number of patients in the older age group suffering from varicose ulcer of leg.

## Tuberculosis

Patients in this group are referred mostly from the Chest Clinic and receive streptomycin injection treatment, the number of cases and visits remaining low.

			Cases	Visits	Average visit per case
1956	..	..	247	11,481	46
1957	..	..	130	6,227	48
1958	..	..	82	3,893	47
1959	..	..	80	4,484	56
1960	..	..	79	4,246	54

**Notifiable Diseases**

Very few notifiable diseases were referred. The infection in the cases was of a minor nature.

**Maternal Complications**

Where the condition of the mother or child is likely to infect other maternity cases, or there is an infectious condition in the household, the domiciliary midwife or maternity hospital refer the case to the Service. None of the patients was seriously ill and after ten days all were referred to the Health Visiting Service.

**Source of Case**

The largest percentage of the cases continues to be referred by the general practitioners, 69.56%, and includes all types of diseases, with many in the older age groups. The hospitals referred 26.5%, and the Chest Clinic .57%. The few from the Health Department were maternal complication cases and those from the Welfare Department were patients in the older age group awaiting hospitalization or Part III accommodation. Direct application was made for 1.71%, usually by relatives, friends, neighbours or clergy, these again being patients in the older age group.

**Result of Treatment**

Patients who recovered were approximately 50%, mainly in the younger and middle age groups. Most of the patients referred to hospital in the middle age group were transferred for diagnostic purposes, whilst those in the older age group, living alone or in unsatisfactory home conditions, were referred for constant nursing care.

The majority of deaths occurred in the older age group and the cause of death in a number of patients in the middle age group was cancer. Congenital malformation was the cause of death in the six children. Cases referred to the health visitors included infants, maternal complications, diabetics and a few old people. The patients taken off for other causes are those referred to the general practitioners, works surgery, or for change of treatment. Six patients refused chemotherapy treatment.

**Nursing of the Aged**

Additional statistics in respect of patients 65 years and over are given below :

		Cases	Visits
Male	..	1,048	43,273
Female	..	2,004	56,873
		<hr/>	<hr/>
		3,052	100,146
		<hr/>	<hr/>



Assistance available			
Family	..	..	82.96%
Friends	..	..	3.90%
Neighbours	..	..	2.10%
			Municipal Home Help 7.76%
			Other assistance .. 1.31%
			None .. 1.97%

Where nursed		Bathroom	
Bed upstairs	.. 21.56%	Yes	.. ..56.03%
Bed downstairs	.. 33.32%	No	.. ..43.97%
Ambulant	.. 45.12%		

Hot water supply		Water closet	
Yes	.. 54.68%	Internal	.. ..44.53%
No	.. 45.32%	External	.. ..54.62%
		Shared	.. ..85%

Mental state			
Alert	..	..	73.13%
Depressed	..	..	10.35%
Confused	..	..	14.22%
Unconscious	..	..	2.30%
Bed sores on first visit	..	150	
Incontinent—urine	..	491	
Incontinent—faeces	..	355	

From the above statistics it is revealed that during the year the nurses attended 3,052 patients over 65 years of age, and paid 100,146 visits, approximately 46% of the total cases and 62% of the total visits. Considering that the condition of many of these patients demanded comprehensive nursing care it is accepted that more than half the nurses' total time was concentrated on nursing in this group. The work is interesting and satisfying, demanding the best possible nursing and social care, and to meet the full requirements of these patients, relatives, friends, neighbours or home helps, are instructed how to give the necessary attention in between the nurses' visits. It is gratifying to report that almost 90% were cared for by relatives, friends and neighbours. They are indeed fortunate as compared with a number who live alone, perhaps in one room in an antiquated dwelling, too independent to accept help, refusing hospital treatment. Often it takes many days, or even weeks, for the nurse to persuade the patient to accept any help, but with the co-operation of the general practitioner this is usually finally achieved.

We are infinitely grateful to the Home Help Service, particularly in assisting the old people living alone. In many instances urgent help is required and a call to the Service brings ready assistance.



Some old people are happy living in the older type of dwelling surrounded by old friends and neighbours, and when moved to new surroundings feel lonely for a time, yet appreciate the amenities provided in the Local Authority's new bungalows and downstairs flats.

From the mental condition statistics, approximately 74% were mentally alert and co-operative, the remaining 16% being mostly in the last stages of illness.

Incontinence prevailed in 846 cases, necessitating constant nursing care. The Laundry Service, on which a report is given later, proved of invaluable help to the patients and relatives.

Nowadays much discussion goes on regarding prevention of bedsores in geriatric nursing. It will be seen from the statistics that 150 patients had bedsores when referred. A number of these patients were non-ambulant and from hospital, having been bed patients for a number of weeks suffering from cerebral, cardiac, fractures or paralytic conditions.

The few patients with bedsores referred by the general practitioners, also the patients who developed bedsores during home nursing care, were mostly in the last stages of illness, and the bedsores were due to conditional deterioration.

Many long-term immobile patients are nursed at home for many years without any sign of bedsore, and it is agreed by district nurses that this is due to the patient being nursed in familiar surroundings, with the constant care of relatives, resulting in a more relaxed condition of body and mind.

### **Nursing of Sick Children at Home**

The number of children referred from the hospitals and out-patients' departments totalled 351, most of them being for minor dressings, post-operative circumcision, otitis media, abscesses, etc. A few were referred from the Casualty Department after road or home accidents, also a small number from the wards for supervision and after-care of osteotomy, talipes, mongolism, spina bifida, hydrocephalus, herniotomy, appendicectomy and diabetes. No seriously ill child was referred from this source.

The general practitioners referred over 200 cases, four of these being seriously ill pneumonia cases. One was admitted to hospital, the remaining cases being successfully nursed at home. Other cases were chiefly of a minor respiratory nature, tonsillitis, otitis media, abscesses, etc., for injection treatment.

Over the years there appears to be a reducing number of seriously ill children. This may be due to prenatal care, improved housing conditions, child welfare and School Medical Service.

Statistics in relation to children are as follow :

		Under 1 year		1-4 years		5-14 years		Total	
		Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits
Male	..	97	888	152	1,040	152	820	401	2,748
Female	..	79	779	85	925	142	1,006	306	2,710
Total	..	176	1,667	237	1,965	294	1,826	707	5,458
					1959				
					Children nursed	757			
					Visits paid	7,751			
							1960		
							707		
							5,458		

### Nursing Appliances

With the increase in the number of patients suffering from long-term illness more requests were made for the loan of nursing appliances—1,759 as compared with 1,501 in 1959. These included the larger type of equipment, Dunlopillo mattresses, hospital type bed with pulley, ordinary beds and mattresses and commodes, which are loaned to handicapped and necessitous patients, in the main those in receipt of National Assistance and retirement pension.

The patient's bed lift suggested by a member of the staff and made by the Chief Ambulance Officer and his staff, particulars of which were given in the 1959 report, has been in constant use throughout the year for a severely crippled rheumatoid arthritic patient. The patient, his wife and the district nurse, speak well of the comfort and help derived from this unique apparatus. A report and photograph of the bed lift were published in the nursing and local press and several nursing colleagues have been sufficiently interested to visit and observe the functions and use of the apparatus.

### Co-operation within the Public Health Service

The co-ordination of the Health Visiting, Maternity and Child Welfare and Home Nursing Services at the two centres (Central and West End) continues to be a valuable asset. At the present time Belgrave Centre is a single unit for the Home Nursing but it is anticipated that future developments at this centre will give amenities for co-ordinating the services, including the Home Help in this area.

The combined service centres result in closer liaison by direct contact for discussion of problems affecting the patients and help can be obtained without delay.

During the year the home nurses have appreciated the assistance of the health visitors, particularly in relation to diabetic, maternity, problem cases and the care of the aged. We have also appreciated and welcomed the visits of the health visitor students.

The Home Help Service, so closely linked with our own, is of immense value, the nurses often relying on the home help to prepare the nursing requisites, clear away and help the nurse in the care of patients, particularly those in the older age group and those living alone.

The district nursing students have visited with the health visitors, and also visited day nurseries and Emily Fortey School to observe the work in these departments. We are grateful to members of the department for their valuable help and co-operation.

### **Co-operation with the Hospital Service**

Patients referred from the hospitals are, in the main, short-term nursing cases consisting of preparation for X-ray, post-operative dressings, and road/home accidents, but in recent months there have been a few referrals of longer term patients requiring rehabilitation/nursing after fracture of limb, cerebral lesion, or paralytic patients for general nursing care.

To avoid unnecessary hospital admission, arrangements operate with the two general hospitals for referral of patients for X-ray preparation. These number approximately 400/500 for the year, the district nurse giving the prescribed treatment the evening prior to, and the morning of, the X-ray. With these arrangements hospitalization of the patient for one night is avoided.

In addition to the post-operative dressing cases, discharged on the fifth or sixth day, and road/home accidents, the Leicester Royal Infirmary refer patients from the Radiotherapy Out-Patient Department for dressing or injection treatment. A few short-term cases are referred from the General Hospital, but mostly these are the longer termed, i.e. those requiring rehabilitation after fracture of limb, cerebral lesion, or paralytic cases.

Co-operation with the Teaching Department at the two general hospitals is satisfactory, the student nurses from the Leicester Royal Infirmary visiting for a full day with the district nurse, before which the Senior Superintendent gives a talk on the Service. After the visit a symposium is arranged and from the discussion it is obvious that the day's visit has proved instructive and interesting. The district nursing staff and students visit the Diabetic and Radiotherapy Clinics, also,



arrangements can be made with the two hospitals for them to visit the departments for discussion of treatments and cases with the hospital staff.

The Senior Superintendent is a member of the Education Committee of the General Hospital. She also gives a talk on the service to the nursing students. Unfortunately it is not possible for these students to visit with district nurses, but it is anticipated that in the near future this will be rectified.

Shortage of hospital beds for the chronic sick is often a problem, particularly during the winter months when there is a long waiting list. The district nurses, whilst endeavouring to keep the patient at home, are obliged to advise hospitalization due to home conditions or because the patient is living alone. In cases such as these the Bed Bureau and the hospital co-operate exceedingly well, the patient being admitted without undue delay. Also, arrangements can be made whereby a long-term patient is admitted to hospital for a few weeks to allow relatives to have a much-needed rest and change.

Mention should be made in the report of the co-operation the Service has received from medical and nursing staff of the Towers and Glen Frith Hospitals. In these changing times it is essential that the home nurses should know what these changes imply. Therefore, to help in this the medical and nursing staff of the hospital have given lectures and arranged visits for our staff to the hospitals, which they have found most helpful and instructive.

### **Co-operation with the General Practitioners**

As usual, the largest percentage of patients was referred from the general practitioners, either by telephone or by a note forwarded to the nursing centres, full particulars of treatment and condition being given. Arrangements operate whereby the Superintendent or nurse can make direct contact with the general practitioner regarding change of treatment or other problem by telephone, a personal visit to the doctor's surgery, or the doctor and nurse meeting at the patient's home. Hospital admission is often avoided by calling upon the Home Help and Old People's Welfare Laundry Service.

Good relationship between the general practitioners and the Nursing Service is well established, the practitioners being accessible and always ready to help in solving any problem which may arise.

### **Old People's Welfare Laundry Service**

The Old People's Welfare Laundry Service has developed and now

covers the whole of the city, the W.V.S. organising four deliveries and collections weekly. During the year 195 patients received the service, of whom 114 had two bags and the remaining 81 one bag, delivered and collected weekly. Priority is given to incontinent patients and these totalled 154. The records reveal that 139 lived in the older type of dwelling, having no hot water supply, 18 lived alone, and the majority of the patients are in the old age group. From a geographical survey it was found that 157 lived in built-up areas, 18 on new housing estates, and the remainder in residential areas. The average length of time for patients receiving the service was five weeks, three patients having received the service since September, 1958.

There is exceedingly good co-operation with the W.V.S., there being no long waiting period. Urgent needs are met with the minimum of delay.

This voluntary service is definitely meeting an essential need, relieving many patients, relatives and particularly the district nurse, who can now rely on having an adequate supply of clean linen available on each visit. The patient is left clean and comfortable, also the relatives have no anxiety regarding drying sheets. Prior to the inauguration of the service it was not unusual for the nurses to walk down entries draped with wet draw sheets, or to visit small houses where a room had sheets hanging to dry. Without any doubt the service is appreciated by all recipients and is well used by the home nurses ; in fact, it is so essential we now wonder how we managed to nurse the incontinent patients before the service came into being. Therefore it is a pleasure to record our thanks to all who have made this service possible.

### **Marie Curie Memorial Foundation—Education and Welfare Grant Scheme**

The service is indebted to this organisation for the help given to many cancer patients in the care of the home nurses.

It is a voluntary organisation for the welfare of persons suffering from cancer. One of the principal aims is to give help in kind immediately the need is apparent and without any administrative delay. For this purpose the Senior Superintendent has received periodical grants of £50 to a total of £250 during the period January, 1958 to December, 1960, an account of expenditure and brief report on each case which received help being forwarded to the Foundation every quarter ending. The grants have been used to meet a variety of needs, consisting of day and night help, fuel, heating, nourishment, toilet requisites, cloth-



ing, TV rental, aerial, travelling expenses for hospital out-patient treatment and laundry service.

The largest sum (£175) was spent on night help in respect of 19 patients. One patient who received help was a widow of 51 years of age, with a schoolboy son, having thrice daily visits from the home nurse. Night help was arranged for 51 nights. She was a devoted mother who did not wish to leave her home. Therefore, with the home nurse and home help covering the daytime, and the Marie Curie night help, it was possible to nurse the patient at home until the illness terminated.

A youth of 15 years, suffering from sarcoma of hip, well cared for by his parents, nursed upstairs in a pleasant small bedroom, was asked by the male district nurse what he missed most. He said, "The television". When this was reported arrangements were made to rent a television set which was delivered within 24 hours. The youth enjoyed many hours viewing, particularly the sports and western programmes. His mind was kept occupied, his body relaxed, and the pain seemed easier to bear.

Another middle-aged male patient in the later stages of the disease had a secondhand TV set given. Unfortunately there was no aerial. With permission from the Foundation an aerial was erected and the local firm who installed the aerial completely overhauled the set free of charge.

These are three examples of the help given. The patients and relatives deeply appreciate the service rendered, and the nursing staff find the "night help" of infinite value as they can confidently leave the patient in the care of a responsible person. Furthermore, it enables relatives to have a night's rest, so relieving mental strain, and the patient is assured of remaining in familiar surroundings.

It is agreed that an extension of this service would be valuable. The Foundation being aware of this, offered to increase the grant and to recruit nurses for this purpose, and the Local Authority have agreed to this arrangement. Therefore in the coming year it will be possible to provide help for an increasing number.

Before concluding, mention should be made of the Chiropody Service which is proving of valuable help to many housebound and ambulant patients. We look forward to an extension of this service.

Also, it is my pleasure to thank the many friends and patients who have contributed money or kind to help the less fortunate. Particular mention should be made of the gifts received at Christmas time from various churches and organisations, including Belgrave Hall Sunday

School, Belgrave Union Church, and the Business and Professional Women's Club. Several families were helped and pleasure given to many children.

A bequest of £250 was left by a grateful patient for the welfare of the district nurses, part of this legacy being used to buy a projector and screen for the use of staff.

Finally, I am pleased to give below an extract from the report of the Queen's Visitor who carried out a bi-annual visit with a cross-section of the staff, also visiting the nursing centres :

“During the recent visit to Leicester the work seen was of a very high standard. An excellent service is being provided and the real interest shown by the staff in all aspects of the work is in no small measure due to the administration of the senior nursing staff”.

On behalf of the Service I assure the Committee and Medical Officer of Health that we shall always endeavour to serve the public to the best of our ability, and take this opportunity to thank them for their encouragement and help throughout the year.

# HOME NURSING SERVICE

## Statistical Report on the Domiciliary Laundry Service for the year ending 31st December, 1960

The following statistical information indicates the development that has now taken place in the Laundry Service.

Number of cases brought forward, 1st January, 1960	..	34
Number of new cases	.. .. .	161
Total	.. .. .	195

### Recommended by :

District nurses	.. .. .	175
Home Helps	.. .. .	16
Health Visitors	.. .. .	4
Total	.. .. .	195

### Result :

Died	.. .. .	110
Hospital	.. .. .	19
Service not required—improved	.. .. .	2
refused	.. .. .	4
Remaining on books 31st December, 1960, and carried forward to 1st January, 1961	.. .. .	60
Total	.. .. .	195

### Further details :

Patients living with relatives/friends, etc.	.. .. .	177
Patients living alone	.. .. .	18
Incontinent patients	.. .. .	154
No incontinence	.. .. .	41
Hot water supply—Yes	.. .. .	59
No	.. .. .	136

### Issue :

Number of bags weekly—2	.. .. .	114
—1	.. .. .	81

### Geographical position

#### Central :

*Highfields	.. .. .	23
*Churchgate, Wharf Street, Newarkes	.. .. .	13
*Humberstone Road	.. .. .	20
*St. Saviours	.. .. .	19
Stoughton, Stoneygate, Knighton	.. .. .	17
Evington	.. .. .	3
Goodwood	.. .. .	3
Clarendon Park	.. .. .	8
Total	.. .. .	106

\*Old type of dwelling—congested area. One housing estate in this area.

*West End :*

*Fosse Road, Hinckley Road	..	..	..	16
*Narborough Road	..	..	..	6
Braunstone	..	..	..	8
New Parks	..	..	..	2
Western Park..	..	..	..	3
*Aylestone	..	..	..	16
Total ..				51

\*Old type of dwelling.      Four housing estates in this area.

*Belgrave :*

*Belgrave, Loughborough and Melton Roads	..	26
Northfields	..	5
Abbey Lane	..	4
Mowmacre, Stocking Farm	..	3
Total ..		38

\*Old type of dwelling.      Three housing estates in this area.



*Laundry Service—Geographical Position of Cases.*  
*One dot represents approximately 5 cases.*

**Length of time :**

Approximately 40 of the 195 cases received the service for under one week.

Approximately 90/100 of the 195 cases received the service for under 10 weeks.

Approximately 50 of the 195 cases received the service for under 40 weeks.

Approximately two of the 195 cases received the service since 8th September, 1958.

It is interesting to note that four received the service since the inception of the scheme, i.e. 8th September, 1958. Two of these patients died during the year, leaving two on the list since 8th September, 1958.

The steady rise in demand for the service has continued and it is felt that the peak has not yet been achieved.

Nearly one-quarter of the cases received help for as long as 40 weeks, indicating that it is a long-term need for many patients.

No seasonal variations are shown for 1960, as the service did not cover the whole of the city until the second half of the year, but additional transport and other facilities may eventually be necessary to cover the winter period when the demand is at its highest.



# CARE AND AFTER-CARE, INCLUDING HEALTH EDUCATION

## Assistance to cases of Tuberculosis

The scheme for the provision of beds and bedding to necessitous cases of tuberculosis was continued and 35 such cases were helped during the year ; of these ten were new cases.

Free milk was supplied to 193 cases, of which 78 were new cases.

## Convalescence

Recuperative holidays were arranged during the year for 213 convalescent patients who were not in benefit with the Leicester and County Convalescent Homes Society, compared with 189 last year. In five cases the applications were refused.

Railway or coach fares were paid for a further four patients who were recommended by their doctors to spend a recuperative holiday with relatives.

Of the total 213 patients for whom recuperative holidays were arranged, 105 were elderly people receiving the retirement pension, an active old gentleman of 92 beating all records for age. Under the scheme organised by The Chest and Heart Association, 17 tuberculous patients were sent for a fortnight's recuperative holiday at Spero Holiday Homes on the South or South East coast.

Three mothers, accompanied by their babies, or toddlers, were sent to a Mother and Baby Home, where, in addition to the usual benefits accruing from a fortnight's recuperative holiday, they also received helpful training in mothercraft.

Patients were assessed on financial circumstances, the assessments varying according to scale from "no charge" to full cost, and as will be seen from the following table, in the majority of cases the full cost was borne by the Leicester Corporation.

No charge assessment		Full cost paid by
Full cost borne by	Part cost	patient, either by
Leicester Corporation	assessment	assessment or offer
151	50	12

The following tables give further details of the number of patients for whom recuperative holidays have been arranged during 1960 :

### Distribution of Patients according to Age

Under 15	15—64	65—74	75—84	Over 85
43	81	61	26	2

No. of applications	Sent to					Not sent to Convalescent Home
	Charnwood Forest	Roecliffe Manor	Hunstanton	Sheringham House and Overstrand Hall	Other Homes	
264 (228) +4 for fares only	5 (4)	37 (27)	108 (83)	43 (52)	20 (8) +6 babies or toddlers accompanying their mothers	51 as follows : Application refused .. .. 5 (4) Refused to pay assessment .. 5 (10) Refused to give particulars re financial circumstances .. 3 (3) Dealt with by Convalescent Homes Society 5 (2) Other reasons : Private arrangements, illness, etc. .. .. 33 (20)

(Note : 1959 figures in brackets)

### CHIROPODY

The need for a chiropody service has been recognised for a long time, and as far back as 1956 a report was submitted to the Health Committee recommending that a service should be started.

At that time the Ministry would not approve the scheme and although it was broached several times subsequently, approval was not forthcoming until last year.

The service was approved by the Council at the beginning of this year and came into operation in September. There is no doubt that it fulfils a real need.

It is limited at present to women over 60 and men over 65 or to those of any age who are physically handicapped. In addition the applicant's



*Chiropody Session in progress at Local Authority Clinic.*



*Domiciliary chiropody care for a young 92-year-old.*





income must not be more than the allowance which would be made by the National Assistance Board. The service is free.

A simple application form has to be completed, and the need for the service is verified either by the applicant's doctor, health visitor or other authorised person.

The first appointment is made by the department, and subsequent appointments by the chiropodist. All cases are reviewed after six treatments.

Details of the scheme have been supplied to all general practitioners in the City, and also to the Welfare Department and to various voluntary organisations—the Old People's Welfare Association, the Institution for the Blind, etc. No further publicity has been attempted as it is realised that the scheme could very easily be overwhelmed. There must be many hundreds in the City who are in need of the service and eligible for it, even with the restrictions as to age and income which have been imposed.

## Sessions

The chiropodist is employed for two half-days per week and attends the Loughborough Road nurses' home on Monday afternoons, and the Valence Road nurses' home on Thursday afternoons. There is a session on the first Monday morning of each month at the Stocking Farm Community Centre.

## Domiciliary Service

Attendances are also made on patients in their own homes in those cases where this is necessary.

In addition, several chiropodists in private practice in the City are also co-operating in the scheme, and attend to patients either at their surgeries or at home.

Treatment is also given by the Red Cross Society, and the Committee make them a grant for this purpose.

During the four months of 1960 there were 207 applications for treatment of which 19 were refused, all of them because the income was over the approved scale. Details are as follow :

	New cases			Attendances		
	Domiciliary	Other	Total	Domiciliary	Other	Total
September ..	8	18	26	8	18	26
October ..	40	15	55	42	24	66
November ..	38	19	57	42	33	75
December ..	26	24	50	44	56	100
Total for the four months ..			188			



As will be seen the demand for the service increased rapidly and continues to do so and at present (May, 1961) 397 cases are receiving treatment.

It will be appreciated that because of the age of the applicants, they are practically all chronic cases, and once they have been accepted will probably continue to need treatment for the rest of their lives.

## HEALTH EDUCATION

(Mr. E. W. HARRIS, Health Education Assistant)

The following report gives an outline of the work carried out in connection with Health Education during the year ended 31st December, 1960.

### Film and Lecture Service

				Number of	Number
				Meetings	Present
<b>Nursing Organisations :</b>					
In Service Training	..	..	..	30	485
Nursery Nurses	..	..	..	15	444
Student Nurses	..	..	..	7	239
Red Cross and St. John Ambulance Brigade				8	218
Hospitals	..	..	..	3	62
<b>Voluntary Organisations :</b>					
Parent/Teacher Associations	..	..	..	8	595
Church Organisations	..	..	..	14	358
Young Wives Groups	..	..	..	12	277
Mixed Adult Groups	..	..	..	6	222
Factories (Lunch-time)	..	..	..	4	203
Townswomen's Guilds	..	..	..	5	180
Welfare Workers	..	..	..	2	171
Co-operative Guilds	..	..	..	4	115
Evergreen Clubs	..	..	..	2	110
Political Groups	..	..	..	4	64
Junior Professional Women's Club			..	1	56
British Legion	..	..	..	1	39
Clean Food Guild	..	..	..	1	28
<b>Youth Groups :</b>					
Youth Clubs and Groups	..	..	..	17	606
Schools	..	..	..	12	554
Boys' Clubs	..	..	..	4	196
Scouts and Guides	..	..	..	3	88
<b>Mothercraft, etc. Groups :</b>					
Expectant Parents	..	..	..	17	970
Welfare Clinics	..	..	..	13	221
Mothercraft Groups	..	..	..	15	177
				<hr/>	<hr/>
				208	6,678
				<hr/>	<hr/>

The valuable contact with the expectant parents in the three hospitals has been continued, and it is gratifying to note the interest in these meetings by young married couples. This is an ideal time to give information on the value of immunisation and vaccination and the general care of the growing baby, and to inform these parents-to-be of the services available through the City Health Department.

After baby is born one has little or no opportunity of imparting information to *both* parents.

In addition to the above, the film "Surprise Attack" (Smallpox Vaccination) was shown 45 times in 21 clinics to over 600 mothers, to support talks on the necessity for continued protection of their children.

The main subjects covered at these meetings were "The Work of the Health Department", "Accident Prevention in the Home", "Immunisation and Vaccination", "Food Hygiene", "Personal Hygiene" and "Sex Education".

Talks were given on "The Work of the Department" at 20 adult meetings to audiences totalling 605, at five schools to 219 pupils and at In-Service Training Courses.

All other sections of the Department continue to provide speakers, and in most cases slides, filmstrips, flannelgraphs or other visual aids are used to support these talks.

A new issue of the Film and Lecture Catalogue was prepared in the Autumn and copies were forwarded to secretaries of every organisation in the City. A copy was also sent by courtesy of the Director of Education to every school in the City. This catalogue included a list of films on Health subjects which may be borrowed by teachers in the schools. A number of schools have applied for the loan of health films and filmstrips, and a considerable number of teachers and student teachers have visited the Health Department to collect posters, leaflets, etc., and to obtain information on the service.

## Home Safety

On the 15th March a meeting was held at this office to discuss the prevention of home accidents. The various organisations in the City concerned with this problem were invited to send representatives. Mrs. F. E. Oliver was in the Chair, and representatives attended from the following organisations—St. John Ambulance Brigade, British Red Cross Society, Townswomen's Guilds, Electricity Board, Gas Board, Housing Department, Welfare Department and Fire Brigade.

Further meetings were held during the year to discuss co-operative methods of putting this important subject to the population of the City.

During the period under review 19 talks were given to various organisations on "Accident Prevention in the Home". Talks were given at the Home Help Preparation Course and emphasis laid on the useful propaganda which could be distributed by these ladies in their contacts with the general public.

A lecture was given to St. John Cadets, followed by an examination set by Dr. Rees, and talks were given at three of the Secondary Modern Schools.

In most cases films, filmstrips and flannelgraphs were used to support these talks. Posters, displays and display sets were shown in the clinics, and were supplied to leaders of various organisations calling at this office.

During the Christmas period posters and leaflets were supplied to Messrs. Lewis's Ltd. for use in a display on fireguards and flameproof fabrics.

The model "Hazard House" made and furnished by the pupils of the Hugh Latimer Boys' and Willow Mead Girls' Schools has been installed for short periods at various sites in the City.

### **Lunch-Time Factory Shows**

With the excellent co-operation of the Welfare Officer of Messrs. Wm. Baker Ltd., a series of films on Health subjects was shown at fortnightly intervals in the canteen during the lunch-time period. The equipment was set up during the morning, and after the meal (12.30 p.m. to 1 p.m.) a short introduction was followed by films on a particular theme. The programmes lasted approximately 45 minutes.

Subjects covered were "Accident Prevention in the Home", "How to avoid the Common Cold" and "The Work of the World Health Organisation". At each session a film of a lighter nature was included in the programme.

The average number of employees at each showing was 50. The programmes were very well received.

### **Schools**

Visits were made to ten schools during the year to give talks on "The Work of the Health Department" and "Accident Prevention in the Home".

A Course in "Mothercraft" was arranged in four of the Secondary Modern Schools for fourth year girls.

### **Immunisation and Vaccination**

An expression of the Department's appreciation should be made at this point to all the employers who so willingly co-operated in the poliomyelitis vaccination campaign for their employees, both for the sessions for the under-25 age groups and also for the follow-up with the up-to-40's.

Further open sessions were held at the Corn Exchange during March and April, when a total of 1,300 new applications were dealt with.

An outbreak of diphtheria in Derbyshire provided the means to remind Leicester parents that the need for immunisation was just as great as ever. Propaganda along these lines was displayed in the Welfare and School Clinics, on the Bus Cards and on display boards around the City.

### **Smoking and Lung Cancer**

As in previous years, the majority of propaganda on the above subject has been directed to the young people. A display on the subject has been used by various Secondary Modern Schools and talks have been given to the pupils with the aid of filmstrip and flannelgraph.

Talks and discussion groups were also held in various Youth Groups and it would seem that the best approach is from the finance point of view—"Cut out smoking and you can buy a camera in twelve months with the money you save".

### **Exhibitions**

On the 27th, 28th and 29th May an Out-of-doors Activity Exhibition was held at the Shaftesbury Boys' Club, and the Department was invited to participate. Our section was divided into four parts :

- (a) Out-of-doors activities helping towards good health.
- (b) Fire hazards caused through carelessness (primus stoves, camp fires, dropped cigarettes, etc.).
- (c) Anti-litter propaganda.
- (d) Water safety (on beaches, rivers, etc.)

During the exhibition a continuous programme of films was shown. This and the exhibits proved of great interest to the public of all ages attending.



## **Abbey Park Show, 2nd and 3rd August**

The theme of the Department's Stand at the Leicester Show this year was "Sixty Years of Public Health Progress".

The exhibition included :

A brief summary of important events through the years in matters concerning the health of the community.

Growth of the Health Department Services in Leicester.

A description of the present sections of the Department.

A continuous programme of films was shown to support the theme of the exhibition and as in previous years it was observed that the films provided the attraction to bring the people over to our section of the show.

Both exhibition and films created considerable interest, and from remarks overheard, confirmed that most of the younger generation were unaware of the tremendous improvements in health standards over the last sixty years.

A special section dealing with the work of the Home Help and the need for more recruits was included in an appropriate place in the exhibition, and senior members of the service were in attendance to answer questions on pay, service conditions, etc.

## **Publicity**

During the past year the buses have again displayed the "Dr. Fosse" cards, using themes covering various topical subjects.

A new combined poster and leaflet display board was designed early in the year, and when supplies were received these were delivered to Welfare Clinics being held in new premises, where the Health Visitors had been asked not to stick drawing pins or sellotape on walls, etc. These boards have proved very successful, as they can be placed in advantageous positions in the clinics.

A complete stock of all leaflets and posters has been kept at the Health Department offices in Grey Friars, and the stock at 24a Halford Street has been replenished when necessary for handing out by Health Visitors, midwives, etc.

## **Junior Health Education Advisory Committee**

This Committee continued to meet at intervals during the past year and as usual the members were most helpful during the planning, preparation and staffing of the exhibition at the Abbey Park Show.



## HOME HELP SERVICE

by Miss F. E. POLE, *Organiser*

The year 1960 was one of continuous effort to meet demand with a diminishing number of home helps. The number of homes helped during the year was 2,538, compared with 2,518 in the previous year. The number of home helps was 198 as against 214 in 1959, which gives an indication of the effort spent by both the Organising Staff and the Home Helps to meet requests for help from the Service.

### Staff

#### (a) *Organising and Clerical*

There were no changes in personnel during the year, but one Assistant Organiser and the senior clerk had long periods of sickness.

#### (b) *Home Helps*

As the year advanced difficulties in recruiting women of the required standard as full-time home helps led to a review of the policy of the recruitment of part-time staff. In the past, part-time staff have been discouraged because of the need to establish the work as a worthwhile full-time job. Part-time work had only been offered to existing home helps when their domestic circumstances were such that they could not continue in the Service if they were required to work full-time. As a result of the acute shortage of staff, however, it was decided to accept and train part-time new recruits. Although this decision was not effective until the end of the year, the result is encouraging and development in this field of recruitment may help the Service to obtain and retain its establishment in terms of full-time home helps. This should reduce to a minimum the periods of crisis when demand on the Service exceeds the staff available to meet it, and a waiting list becomes inevitable.

The total number of home helps on the pay-roll at 31st December, 1959, was 223, of whom 22 were part-time, their hours of work being the equivalent of 13 full-time staff, i.e. an effective full-time staff of 214 home helps.

The number on the pay-roll at 31st December, 1960, was 221, of whom 185 were full-time and 36 part-time, giving a total in terms of full-time staff of 198.

52 home helps resigned during the year and 36 new or re-engaged staff were appointed, leaving a net loss of 16 women over the previous year.

The main difficulty lies in the availability of more attractive and highly paid work for women in Leicester. Skill in personnel management is required of the Organising Staff to encourage and support the Home Helps, the majority of whom are married women with homes and families of their own, so that they remain in the Service.

### The Work of the Service during 1960

The following table illustrates the demands on the Service which were met during 1960 in the different categories of help required in the home, covered by Section 29 of the National Health Service Act :

<i>Category</i>	<i>No. of homes helped</i>	
	1960	1959
1. Maternity .. .. .	432	435
2. Child Welfare .. .. .	223	262
3. Infectious Diseases .. .. .	56	54
4. Chronic sick, including aged and infirm ..	1,678	1,337
5. Short-term sickness .. .. .	142	415
6. Night help .. .. .	7	15
Total .. .. .	2,538	2,518

In addition to night help set out above, night help was also given in 48 homes where help was also being given during the day, and these are included in (5) above.

The duration of help given in each case varied from one day in categories (2) and (5), to twelve months in categories (3) and (4). In these two latter categories the amount of help varies from daily help for meals, fires, etc., to a weekly call for cleaning, pension, shopping, etc.

The above figures take no account of requests for help received which, upon investigation, did not qualify for help, or where relatives were found who could care for their families.

Confinement help is usually given for two weeks immediately after the baby is born unless the family doctor advises pre-confinement help, or a longer period after the birth. In such cases, as in those of child welfare, the home help's work is limited to one family, whereas a home help caring for the aged and chronic sick gives help to an average of twelve people during one week. This is a simplification of the actual work ; a completely handicapped person may need an early short call for fire and personal attention, meal preparation later in the morning, and a short call about 4 p.m. to provide an evening meal. It is not unknown for a home help to call back on a householder in the evening

in her own time, where she is concerned for her householder's welfare. Statistically, however, such a householder represents one case.

An illustration of such a case is that of an old lady who died during the year. The original application for help received in May, 1954, was for both the old lady and her husband. She was so ill that it was not anticipated she would recover and her husband could not cope. However, she did recover and outlived her husband by six years. She became bedridden, crippled with arthritis to a degree which made her completely helpless. Fires, meals, shopping, cleaning were all provided by the Service, and this included feeding her, giving her personal attention and an evening call to give her a drink and tuck her up for the night. This service had to be provided all day and every day, including Sundays and Bank Holidays, and could only be given by staff volunteering to work outside their normal hours. Without the ready and willing co-operation from the Home Nursing Service, also in attendance on the old lady, it would have been difficult to maintain such continuous help. For years the old lady flatly refused to entertain any suggestion that she should go into hospital or a home but she began to deteriorate during the early summer: she became incontinent and was so heavy that she needed two home helps morning, afternoon and evening to lift her on to the bedpan. It was considered that this amount of help required was excessive, especially when hospital care was necessary. She was eventually admitted to hospital where she died.

The following figures give an indication of the scope of the work during one week, i.e. 18th November, 1960.

<i>Category</i>	<i>No. of Homes covered</i>	<i>No. of Persons helped</i>
1. Maternity .. ..	20	20
2. Child Welfare .. ..	79	478
3. Infectious Diseases .. ..	43	47
4. Old People, Chronic Sick, etc.	1,109	1,480
5. Sick People .. ..	42	103
6. Other members of household	—	238
 Total .. ..	 1,293	 2,366

## Organisation of the Service

The organisation of the Service into two geographical areas based on Regent Road and Kirby Road offices has continued and the basic structure of emergency and old people's groups has remained unchanged during the year. With the additional assistant organisers appointed last year, however, and the growing unbalance of work between one area

and the other, has arisen a need to re-appraise the organisation, and arrangements were in hand towards the end of the year to base the Service in three districts, the geographical areas to be coterminous with those of the Home Nursing Service. It is anticipated that the new arrangements will be put into effect early in 1961. The two smaller groups providing help for

(a) People suffering from tuberculosis or other infectious diseases' and

(b) "Problem" families,

continued to work under the supervision and guidance of their own assistant organisers.

### **Training of Home Helps**

Four Preparation Courses were held during the year, in which 35 trainees were given the basic preparation required to enable them to meet with confidence and skill the many different situations which arise in the course of their work.

The courses are of six weeks' duration and consist of practical training in cookery with varying kinds of equipment, child care, household management, budgeting, care of the elderly and sick. Lectures are given on the other domiciliary services and on the more specialised aspects of the work of a home help. The increasing importance of caring for the mentally sick in their own homes has resulted in including in the programme for the Course lectures on mental health and the social care of the mentally sick by a member of the Staff of the Towers Hospital.

The Service is indebted to all the people who co-operate in providing this training. In particular, thanks are due to the Education Department for the services of the tutor in Domestic Subjects, Mrs. Watt, whose teaching sets a high standard for all trainees.

### **Other Activities**

Talks have been given by the Organiser and Deputy Organiser to a number of Women's Organisations on the work of the Service. These talks are valuable in helping recruitment and also in explaining the Service to would-be applicants for help.

The liaison between both the Teachers' Training College and the Domestic Science Training College has been maintained. Talks have been given to groups of second year students, followed by practical work as trainee home helps. The experience gained helps them to learn



the home background of children they may teach and to understand social problems of which they might otherwise be unaware or only know second-hand.

The home helps chiefly concerned in helping old people organised a highly successful New Year Party for nearly 100 old people, and gifts of groceries and Christmas fare were distributed to those who were housebound.

### **Emergency Service**

Although occasions arose when demand was so heavy that waiting lists were introduced, no application for really urgent emergency help was refused.

Much of the work is straightforward domestic help in the home on account of a mother's sudden illness, or the illness of children, when the home help takes over the running of the home, caring for the children until the mother has recovered.

Confinement help also is in this category and mothers having their babies at home can relax quietly and contentedly, knowing their homes and families are being looked after whilst they recuperate.

An urgent application for help was received from a general practitioner on behalf of one of his families. The father was suffering from mumps and the mother and a child had tonsillitis. Neighbours were not prepared to help because of their fear of contagion. Careful selection of a home help who was unafraid of contagion and had no children who could become infected was necessary and daily help was given for a short period until all the members of the household were fit and well again.

Emergencies are not solely confined to mothers and young children. A request for help was received from the Welfare Department for an elderly lady and her middle-aged son. This son had a mental condition and was unable to work, although he was very interested in tinkering about with wireless sets, etc. The home was in an appalling condition and the bedrooms filthy. The son was enuretic and his bed had to be destroyed. There was no cleaning equipment of any kind and it was impossible to use the electric cooker because of neglect and filth. They had been cooking on a small gas ring, their only cooking utensil being an old rusty meat tin. Neither mother nor son had a change of clothing or bed linen.

Arrangements were made to give both mother and son much-needed baths, and the home help cleaned the home throughout. The National



Assistance Board, always willing to co-operate in such extreme cases, made a grant towards new clothing, and beds and bedding were provided. The son, appreciating the desire of the Service to help both his mother and himself, proved most co-operative, and gave considerable assistance in cleaning up the home. Ultimately the mother was removed to Hillcrest and the son admitted to hospital.

### **Old People and Chronic Sickness Group**

The major part of the work of the Service has continued to be that of helping old people and the chronic sick. The many problems of old age, loneliness, physical incapacity, poor housing and lack of reasonable facilities, the dreariness of living on retirement pension, even when supplemented by National Assistance, call for skill on the part of the Organising Staff in assessing need and suiting the householder to the home help, and for understanding, initiative and patience on the part of the home help.

Much of the work consists of lighting fires, cooking meals, shopping, collecting pensions, attending to the personal needs of the bedridden, and cleaning. Efforts have on occasion to be made to persuade old people to be more neighbourly and sociable in their habits.

Complaints were received from neighbours of one old lady of nuisance caused by cats, and upon investigation no less than 16 cats were found, including a dead one and a nest of kittens in her bed. The stench was appalling and decaying cat food, together with cat excreta covered the floors. The Public Health Inspector was called in, the home cleaned and redecorated, the cats removed and the old lady encouraged to tidy herself up. There has been great improvement both in the home conditions and in the old lady's physical condition, but her affection for cats has continued and the Assistant Organiser has sought the aid of the Cat Protection Society.

One of the most encouraging jobs which fall to the Service is that of helping old people to move from slum areas in the City to new modern bungalows built for them by the Housing Department. The difference made to these householders by such a move is often remarkable. One lady, over 70 years of age, and living in one of the worst slum areas, was referred to the Service some two years ago by her doctor, because she was suffering from bronchial pneumonia and her only relative lived out of town. After she recovered from this illness, her physical condition was such that daily help was given for fires, meals and cleaning. In September last she was rehoused, to a new, bright, easily-run bungalow on one of the new Housing Estates. She is delighted with her new

surroundings and her health has improved so much that she only needs help once a week for cleaning.

A good deal of time is being spent by the Organising Staff in seeking out relatives who should accept responsibility for helping their elderly kinsfolk. It sometimes happens that, when found, these younger relatives make excuses for not visiting, or even flatly refuse to help, pushing the responsibility for the care and well-being of the old folk on to the Service. Home helps therefore have to be deployed in looking after old people who could at least have some care from their relatives, which limits the help which can be given to those without anyone other than the Service on whom they can depend. It is felt that there is an urgent need to educate members of the public in their obligation to their own families.

### Night Help

Night help has continued to be given in cases

- (a) where there were no relatives available, patients were receiving care from the Home Nursing Service and their own doctors urged that they should not be left, and
- (b) to relieve relatives suffering from the strain of long periods of day and night attention to sick members of the family.

The kind of situation which gives rise to (a) is illustrated by help given as a result of an application from a general practitioner. His patient, aged 70, was bedridden, blind and deaf, and was being cared for by her husband, aged 77. The husband had collapsed with a minor cerebral thrombosis and was also confined to bed. The Home Nursing Service was in attendance daily, the only near relatives of the couple were in South Africa.

The old lady needed constant attention during the night as she tended to become hysterical if she was left. This caused distress to her husband, who was unable to help her.

Ultimately the old lady was admitted to Hillcrest; her husband recovered and is now receiving a weekly call from the Service.

An example of relief for relatives in the care of their old people is illustrated by an application received from a member of the Home Nursing Service for night help for an old lady of 82, who was completely bedridden, grossly overweight, and senile. She had been cared for night and day for eleven years by her daughter. The daughter, married with her husband also to care for, was at the end of her tether. When told

that night help would be available for three evenings a week, she broke down completely from exhaustion. The night help given enabled her to get much-needed rest, and the old lady died peacefully in her own home.

### “Problem Families”

Under the supervision and guidance of their Assistant Organiser, the group of home helps who give practical help and support to families where there is a multiplicity of problems continued to function in this special aspect of the work of the Service.

Seventy-three families, known to many social work agencies in the city because of their many problems, have received help from the Service. Eighteen new cases were referred during the year ; two of these did not develop, and help was withdrawn from fifteen families.

The statistical position at 31st December, 1960, was :

Families receiving help at 1st January, 1960	..	..	72
Families where help was withdrawn during the year	..		15
			—
			57
Families referred during the year	..	..	18
			—
			75
Families investigated but help not taken up	..	..	2
			—
Families receiving help at 31st December, 1960	..		73
			—

The source of referral of the 18 new families was as follows :

Health Visitors	..	..	8
Case Conferences	..	..	4
N.S.P.C.C.	..	..	2
Mental Welfare Service	..	..	2
Children's Department	..	..	1
Home Help	..	..	1

Although help was not given in two cases, much preliminary investigation was carried out by the Assistant Organiser. In one family the mother had left home and ultimately the children were taken into care ; in the other, help from the Service was not accepted.

Any attempt to define the term “problem” family is beyond the scope of the report : indeed, it is one of the difficulties of workers in this field to find an agreed definition. These families have failed to respond to advances in social security, improved housing conditions,



more adequate health services and modern education and welfare services. Their chief characteristic is their inability to benefit from the facilities and services available to them.

The symptoms are plain to see. Irregular income or dependence upon National Assistance due to the chronic ill-health, mental or physical, of the wage earner ; the mentally sick mother or one whose physical health has been undermined by repeated pregnancies ; mismanagement of income ; low standards of home-making and nutrition ; all these can lead to squalor, rent arrears and accumulation of debts, undernourished and ill-clad children and an absence of accepted social habits.

Dissension and lack of affection between parents creates an environment in which truancy, enuresis and emotional disturbances in the children are common.

The difficulty lies in finding the cause of these visible signs of problems, in helping the family to see its difficulties and in guiding its members to seek the aid of services at their disposal which will lead them to a more socially accepted position in their neighbourhood.

Such families are well known to other workers in the city—Health Visitors, Mental Welfare Officers, Child Care and Probation Officers, Education authorities, National Assistance Board officers and the voluntary bodies engaged in this field. To prevent further deterioration and to try to provide the kind of help most likely to rehabilitate a family Case Conferences are held under the chairmanship of the Medical Officer of Health. Four of the new cases referred to the Service during the year were the result of such Conferences.

The growth of provision for the physical and material needs of individuals, i.e. the expectant mother, the unemployed father, or the spastic child, has tended to blur the needs of the family as a whole, but it is increasingly recognised that the most effective help is that which is concerned with the family as a social unit.

It is in this field of "family care" that the home help can do much towards helping a family to understand its own problems and to try to achieve better standards, particularly so far as children are concerned. The home help's objective approach, her willingness to tackle any job, however dirty or squalid, her advice, support and interest, can do much to inspire an overworked mother or depressed and unco-operative father, whilst her immediate acceptance of the role of "auntie" to the children of the family establishes a ground on which much preventative work can be built.

A significant factor in such families is that whilst the children may

be dirty, ill-clad, under-nourished and appear to be neglected by ordinary standards, there is little evidence of actual cruelty or deliberate neglect. The sense of kinship and strong bond of affection between parents and children, and between the children themselves, are features of many of these families.

This bond of affection is illustrated by a family where the father is living apart from the mother. She has had eleven children, nine of whom are at present living at home. This mother's attitude towards authority is well-known and any authoritarian approach is met with abuse and refusal to co-operate. Emotionally she is unstable and at times quite unpredictable but is basically a good mother. In spite of the many deficiencies in this home the family is closely knit and there is acute emotional disturbance in the children at any possibility of them leaving their mother. Two of the older children have been taken into care, but it is hoped that with the help being given in this family and with the work of the Child Guidance Clinic, further break-up will be prevented.

Much of this preventive work would be of little permanent value without the services of the other specialist agencies, such as the Children's Department, Health Visitors, Mental Health Officers, Child Guidance Clinic and the Voluntary Organisations. One of the most rewarding aspects of the work involved in organising this Service towards rehabilitation is the co-operation which is always at work between the field workers concerned with any particular family.

It is against this background that 90 families, involving 415 children, have received help of varying intensity, at some time during the year.

Not all of them have been of the "hard core" problem families. Some 12 of them were those where frequent pregnancies and the care of large broods of children had undermined the mother's health. Her standards of child care and home management had collapsed and she was apathetic and disinterested in her family's welfare. In some cases the cause of squalor and the lack of comfort in the home was not appreciated by the father which gave rise to frequent quarrels and emotional disturbances between the parents. Practical help with washing, mending, cleaning, more nourishing meals and even some redecoration in the home, together with the moral support of the home help, gave the mother a much-needed rest and fresh heart, and after a period of intensive help, it has been possible to reduce this to a weekly call to help with washing and cleaning in ten families, and complete withdrawal in two others.

Help was withdrawn from two other families of this "incipient" problem kind. It was considered practical to do so after the mother had



had a sufficiently long period of help after her confinement to regain her strength. Many problems remain, but they are not such as would be solved by continuous help from the Service. It is highly probable that help will be required in the future, especially if the mothers become pregnant again.

The reasons for withdrawal of help in the remaining 11 families were :

Homes broken up and children taken into care .. .. .	3
Unco-operative parents .. .. .	2
Mother returned to family .. .. .	1
Family left city .. .. .	1
Difficult child, causing problems, admitted to school ..	1
Children growing up and able to support mother ..	1
Mentally sick father admitted to hospital, leaving mother free to care for children .. .. .	1
Mother died, daughter caring for mentally sick father ..	1

Any attempt to categorize such families presents an over-simplification of the situation in the home. Whilst the pattern of symptoms is repeated in most of them, each family should be seen and helped as an individual unit with its own complexity of problems. The following broad categorization of the 16 families referred during the year, and those continuing to receive help from the previous year, does, however, indicate the background in which the Service has worked.

	<i>Referred in 1960</i>	<i>Help continued from previous year</i>
1. Families where the principal factor is mental health of the mother .. ..	5	16
2. Families where the principal factor is the physical health of the mother.. ..	2	11
3. Families disturbed by deep-seated marital and family relationships .. ..	2	11
4. Families where father is unstable, physically and/or mentally .. .. .	2	6
5. Families where mother is unable adequately to manage home and children ..	2	10
6. Families where mother is absent, either in Towers Hospital or died .. ..	1	2
7. Families where mother has left home and father and/or children display behaviour problems .. .. .	1	1

The scheme for providing free help to “problem” families who are assessable for help has continued, and approval for free help was given by the General Welfare Sub-Committee to six families during the year.

The total number of such families receiving help under this scheme is 24.

A number of families helped under this Scheme are those where a comparatively short period of intensive help enabled them to readjust themselves and become reasonably effective units. Their need of help was acute but the possibility of being charged for it made them reluctant to take advantage of the Service because of their financial difficulties. One such family was referred to the Service by their doctor. The mother, who already had three children under five years, was expecting twins and needed pre-confinement help. The father, a sickly man but a good worker, was worried about paying for the Service and his anxiety caused his health to deteriorate. Both father and mother were struggling to provide a reasonable home and had got into debt. The mother's standards of cleanliness and her care of the children were good, and it was considered that the provision of free help for a limited period would prevent the family from slipping downwards and encourage them in their efforts to maintain good standards. This has in fact been proved, the father's anxiety has been removed and he has worked regularly; twins were born, and gradually the mother's health is being restored.

The majority of the work is long-term, supportive help to these families. There are periods when daily help is necessary in times of crises, both emotional and physical. At other times they need perhaps only a weekly call to make sure that the rent has been paid and that the children are clean and reasonably well-fed. Help is continually adjusted to their needs.

There is no doubt that without the Service many of the children involved would have been received into the care of the Local Authority. The cost of the Service can be justified in terms of economical use of public money, but its real value lies in preventing the break-up of the family.

Two cases illustrate some aspects of this work. The first is of a family of father, mother and nine children. They were in danger of eviction and there was evidence of emotional difficulties between the parents. It was possible to build up a reasonable relationship between the family and the Service for a time and rent arrears were gradually being paid off, but this relationship deteriorated and it became increasingly difficult to gain admission to the home. The father was a sickly man, who suffered from anxiety neurosis and duodenal ulcer. He had had periods of treatment at the Towers Hospital and because of ill-health, had frequent spells of unemployment. To the mother's low intelligence had been

added ill-health brought on by repeated pregnancies. She was a poor manager and both parents found it difficult to face realities.

During 1960 a Conference was held at the request of the Attendance and Welfare Department of the Education Department, because both the officer of that Department and the Headmistress of the school attended by the eldest girl were concerned at the lateness of her arrival at school and her not infrequent non-attendance. It was felt she was being used by the family as a household drudge.

The developments in the family reported at the Conference revealed serious emotional problems between father and mother. The mother had recently given birth to her tenth child in hospital and after her return home had become inordinately jealous of her husband. There had been violent scenes between them and it was clear that both needed specialist mental treatment. It was agreed that further efforts be made to introduce the home help to ease the situation in the home so far as the children were concerned.

At first the mother was again reluctant to accept help, but finally she agreed that it would assist her in getting the children off to school in the morning. Accordingly help was sent in, but the violent quarrels continued, often in the middle of the night. The physical attacks on the father by the mother were such that it was necessary to remove the mother to the Towers and the children were received into Care, temporarily.

Efforts were made during the absence of the mother and children to clean the home throughout. For the first time the home help was able to get into the bedrooms to clean, and the situation discovered was enough to daunt the strongest personality. There were piles of soiled and filthy clothing and mattresses so sodden that they were rotten. All nine children had recently slept in the parents' double bed. There was no hot water as the gas had been turned off for three years on account of a long-standing debt.

Fresh bedding was obtained and the cleaning and washing progressed. The mother, however, returned home several times whilst still a patient and each time there were scenes of violence. She finally came home and the father was sent to the Towers for a medical examination.

The children were returned to the family and for a few days things seemed fairly stable. However, just before Christmas the whole family, with their meagre furniture, left the city and the Service has heard no more of them.

The second illustration is given by a family referred to the Service



by the Health Visitor. In this case the family consists of the mother, not yet 21, with an I.Q. of 49, father and one child of eight months. The reason for the referral was concern that the baby was not being adequately fed. It was underweight and cried a great deal. Because of the mother's low intelligence—she is unable to read or write—she needed guidance and support in child care and domestic duties.

Help was given and efforts made to teach the mother simple cooking, but she is unable to make any sustained mental effort. The father, in regular employment, earns high wages, but appears to have no insight into his wife's difficulties although he is well aware of the position.

Because of his high wages, the service was very limited in the amount of help which could be given, and it soon became apparent that no benefit could be achieved unless intensive help was available.

After a period of six weeks the father cancelled help on account of the expense and reluctantly the service was withdrawn.

A fortnight later, a Mental Welfare Officer asked if help could be resumed. He had discussed the situation with the father, on account of his concern for both mother and baby who were both undernourished, and he agreed to accept help for a short period, thrice weekly, to see that both mother and baby had a meal. On the other two days the Health Visitor and the Mental Welfare Officer would take care of the family.

The mother is again pregnant and there is evidence of emotional difficulties between husband and wife. Sustained supportive help will be needed in this family for a long time.

These two cases illustrate not only the environment in which the home helps work, but also the co-operation and co-ordination existing between the many other Local Authority Services and voluntary organisations which were also involved. Practically all the agencies concerned with family care in one form or another in the city had an interest in both families, and at all levels there was a willingness to discuss, inform and co-operate.

### **Infectious Diseases Group**

The work of this group continued on an even keel with tuberculosis patients and their families. The number of cases helped remained steady. There was a slight rise of new cases, but this was balanced by the completion of old cases. The Deputy Organiser continued to supervise the group by visits to homes and meetings with home helps, giving advice and guidance when needed to home helps over the more compli-



cated aspects of social adjustments which must be made by the patients in order to benefit by their medical treatment. This applies especially to mothers of young children.

Considerable improvements were achieved in one such case of a "problem" mother who had neglected herself and her home for some time. When the case was referred she was suffering from acute pulmonary tuberculosis and required total bed rest for a few months. Full-time daily help was sent, enabling the mother to stay in bed. During that time the children went to school more regularly than before, their clothes and personal cleanliness were attended to and a daily hot meal was prepared for them all.

The health and well-being of the patient and her family improved. Some of the dirty and rickety furniture was replaced and an approach to the Housing Department brought about the provision of a hot water system for more frequent baths.

When the mother was allowed up, she was encouraged to carry on the good example set by the home help and she took a pride in doing some of the chores which she had previously thought unnecessary. The home help calls weekly to help with the heavier work until the patient is discharged as fit by her doctor.

The liaison between the Social Worker and other staff of the Chest Clinic and the Home Help Service has been maintained and strengthened. This link ensures that the often very demanding needs of these patients are adequately met.

This Report would be incomplete without a record of thanks to all who have co-operated and worked with the Service during the year. The Home Help Service is not an isolated section of the Health Department, but an integral part of the domiciliary services of the city, and a great deal of encouragement and assistance has been received, particularly from Health Visitors, Home Nurses, Mental Welfare Officers and officers of the Children's Department. Thanks are extended to these and all others who have co-operated so readily at all times.

## VENEREAL DISEASE

I am indebted to the Physicians in charge of the Treatment Centre for the following table of cases treated, etc.

**Incidence of Venereal Disease and Allied Conditions in 1960**  
(1959 figures are in brackets)

IN	Syphilis		Gonorrhoea		Other		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
Number of cases under treatment or observation, 1st January, 1960	94 (96)	114 (117)	52 (29)	20 (12)	52 (9)	15 (9)	198 (134)	149 (138)	347 (272)
New patients during 1960 including inward transfers and returned cases .. ..	41 (32)	21 (29)	152 (164)	89 (77)	559 (422)	317 (250)	752 (618)	427 (356)	1,179 (974)
Totals .. ..	135 (128)	135 (146)	204 (193)	109 (89)	611 (431)	332 (259)	950 (752)	576 (494)	1,526 (1,246)
<b>OUT</b>									
Number discharged cured or needing no treatment .. ..	13 (27)	22 (28)	110 (121)	70 (53)	497 (365)	315 (238)	620 (513)	407 (319)	1,027 (832)
Defaulted .. ..	9 (2)	7 (2)	21 (7)	18 (14)	8 (—)	3 (6)	38 (9)	28 (22)	66 (31)
Transferred .. ..	4 (5)	4 (2)	18 (13)	1 (2)	17 (14)	— (—)	39 (32)	5 (4)	44 (36)
Remaining at 31st Dec., 1960 .. ..	109 (94)	102 (114)	55 (52)	20 (20)	89 (52)	14 (15)	253 (198)	136 (149)	389 (347)
Totals .. ..	135 (128)	135 (146)	204 (193)	109 (89)	611 (431)	332 (259)	950 (752)	576 (494)	1,526 (1,246)

The distinct rise in venereal disease is commented upon by the Chief Medical Officer of the Ministry of Health in his annual report. It is particularly significant that this increase occurs amongst young people and must surely cause concern to many parents. 7% of the cases of gonorrhoea occurring in this City were in children under the age of 16. Perhaps free living, high wages and the excitement of modern life are fun, but if the cost is gonorrhoea there are many who will live to regret it.

# NATIONAL ASSISTANCE ACT, 1948

## SECTION 47

A number of old people were referred to the Department for consideration for compulsory removal to hospital under this Act, but after investigation, in no case was it found that action was necessary for compulsory removal.

# CO-ORDINATION OF FAMILY CARE

## CHILDREN NEGLECTED OR ILL-TREATED

### IN THEIR OWN HOMES

By T. A. I. REES, B.Sc., M.B., B.Ch., D.P.H., D.I.H., D.C.H., D.Obst.R.C.O.G.  
(Deputy Medical Officer of Health)

The Medical Officer of Health continued to act as Co-ordinating Officer for children neglected or ill-treated in their own homes under the terms of the joint Circular of the Ministries of Health and Education and of the Home Office.

The work which the Department undertakes in this connection is very closely linked with the prevention of break-up of families and prevention of eviction, dealt with in the next section of this Report.

During 1960, 24 case conferences were called involving 22 cases, since in two instances a case was discussed twice during the year. Of the 22 cases, 13 were new cases and nine had been discussed at least once previously.

The request for a case conference came from the agencies shown below :

<i>Referred by</i>				<i>Number</i>
Health Visitors	..	..	..	7
Home Help Department	..	..	..	7
N.S.P.C.C.	..	..	..	3
School Attendance and Welfare Department			..	3
Senior School Medical Officer	..	..	..	2
Children's Department	..	..	..	2
Total				24

These statistics give no indication of the work involved with each case nor do they give any indication of the work done by statutory and voluntary agencies in cases which are not sufficiently serious to be the subject of a case conference.

Despite the efforts of all agencies to prevent such a termination, in two of the 22 cases the parents were prosecuted and the children taken into the care of the local authority.

The considerable work involved with these cases is immeasurably helped by the assistance that officers of the local authority receive from



the National Assistance Board, the Charity Organisation Society and the N.S.P.C.C.

It has been the aim of all members of the case conferences to help, guide and support the errant parents whilst still maintaining the family as a unit, since it is acknowledged that however necessary it may be compulsorily to remove children from their family setting, it is an admission of failure in that particular case.

# PREVENTION OF BREAK-UP OF FAMILIES AND ACTION TO DEAL WITH RENT ARREARS

By T. A. I. REES, B.Sc., M.B., B.Ch., D.P.H., D.I.H., D.C.H., D.Obst.R.C.O.G.  
(Deputy Medical Officer of Health)

The constitution, aims and function of members of the case conferences called under the above heading have been fully described in the Reports for 1958 and 1959.

In 1960, 25 case conferences were called involving 23 families, since a conference was called twice on two families during the year. Of these 23 families, four families were eventually evicted in 1960, and one family left the area before a warrant could be served.

Once again it is a pleasure to pay tribute to the co-operation received from the officers of the Housing Department with regard to these cases. At no time is an eviction carried out unless a case conference has been called and co-ordinated action by all agencies has failed to have the desired effect, i.e. reducing the rent arrears to a level where eviction is not contemplated. The amount of work put in by the Chief Investigating and Chief Welfare Officers of the Housing Department and their staffs, both during and outside normal duty hours, is prodigious. Evidence of this is that out of every 10 warrants for possession applied for, nine are withdrawn. Some tenants are very well acquainted with the County Court Procedure and know that they can accumulate rent arrears of £20 or more with impunity, whilst still retaining possession of the house. This is because a Notice to Quit has to run for three weeks. It then takes 14 weeks to get a County Court Order for possession and a further week at least for the decision to go through appropriate committees allowing the bailiffs to take possession. During the Court's Summer Recess, this period is even longer, but wherever possible, attempts to rehabilitate the family are made long before that eventuality.

These conferences provide ample evidence of how local authority, statutory and voluntary agencies co-operate and combine for the benefit of the family particularly under discussion, and if their efforts are rewarded, for the community in general. I would like to express my gratitude to everyone who has been concerned with the work detailed in this and the preceding section of the report.

I am grateful to the Secretary of the Family Service Unit for the following statistics in regard to their work.

Families being visited 1st January, 1960	..	36
Cases opened during the year	.. ..	3
Cases closed during the year	.. ..	11
Families being visited at 31st December, 1960	..	28

## BLIND PERSONS

I am indebted to Mr. K. J. Powell, Director of Welfare Services, for the information included in this Section.

CLASSIFICATION ACCORDING TO AGE (AT DATE OF REGISTRATION)  
OF PARTIALLY SIGHTED PERSONS REGISTERED IN 1960

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Cataract .. Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	3
" .. Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	1	-	-	5
Glaucoma .. Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
" .. Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	2
Retrolental Fibroplasia :																			
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others .. Male	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-	3
" .. Female	-	-	-	-	1	-	-	1	-	1	-	1	-	-	3	2	1	-	10
Grand Total ..	-	-	-	-	2	-	-	1	-	1	1	1	-	-	12	4	2	-	24

These figures include 2 persons from Blind Register



CLASSIFICATION ACCORDING TO AGE (AT DATE OF REGISTRATION)  
OF BLIND PERSONS REGISTERED IN 1960

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total
Cataract .. Male	-	-	-	-	-	-	-	-	-	-	-	2	-	-	4	2	2	-	10
" .. Female	-	-	-	-	-	-	-	-	-	-	-	1	2	3	11	3	5	2	27
Glaucoma .. Male	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	-	4
" .. Female	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3	-	1	-	5
Retrolental Fibroplasia :																			
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others .. Male	-	-	-	1	1	-	-	1	-	1	-	-	1	3	4	4	-	-	16
" .. Female	-	-	-	-	-	-	-	-	-	1	-	2	1	4	8	6	5	1	28
Grand Total ..	-	-	-	1	1	-	-	1	1	2	-	5	5	11	31	16	13	3	90

These figures include 8 persons from Partially Sighted Register

### Follow-up of Registered Blind and Partially Sighted Persons

(1) Number of cases registered during the year in respect of which section F (1) of Form B.D.8 recommends :	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	16	9	—	31
(b) Treatment (medical, surgical or optical) ..	27	2	—	19
(2) Number of cases at (1) (b) above, which on follow-up action have received treatment .. ..	8	—	—	15

Included in the 56 cases shown in the table in which no treatment was recommended are 22 cases where continued hospital supervision was advised.

## REHOUSING ON MEDICAL GROUNDS

During the course of 1960, in addition to the many applications made directly to the Housing Department, 330 applications were referred to the Health Department for consideration. After the most careful enquiries had been made as to the environmental conditions under which the applicants were living, and also as to the exact diagnosis and severity of their medical condition, 57 cases were recommended to the Housing Committee for their consideration. In the case of 34 applicants, the recommendations were approved, and four cases were deferred for additional information to be obtained. The following table shows by whom the cases were referred.

Rehousing Applications received during 1960

Applications referred by :	Total No.	Number recommended by M.O.H.	Number considered by Housing Committee	Number approved by Housing Committee	Number deferred
General Practitioners—192..	=330	57	48	34	4
Housing Department — 51..					
Patients — 57..					
Health Visitors — 15..					
Members of Council — 11..					
Social Worker — 4..					

I would like to take this opportunity of thanking the Housing Committee for their patience and sympathy in deciding upon the allocation of this accommodation. In the majority of cases where a medical recommendation was made, ground floor accommodation, usually in the form of a bungalow, was required. This made the problem for the Housing Committee still more difficult, as there is a considerable waiting list for this type of property.

## APPENDIX I

# Report on the Chest Clinic for 1960

by

C. M. CONNOLLY, M.D., M.R.C.P., D.P.H.

This report deals with the Tuberculosis work of the Chest Clinic.

The work of the Clinic has continued along the same lines as in the previous year, and the main volume of the work has been concerned with tuberculosis. No dramatic changes have taken place during the year but steady progress has been maintained in the tuberculosis field, both in case finding and in the control of infection.

### New Cases

241 new cases of tuberculosis were registered during the year, as compared with 220 in 1959. These figures included cases previously notified as tuberculous elsewhere, who came to live in the City of Leicester during the year.

The pulmonary cases increased by 14 and the non-pulmonary cases increased by seven.

These new cases of tuberculosis are analysed in the tables that follow.

It will be seen from the tables that the majority of new cases continue to occur in men, mainly in the older age groups.

The following table gives the number of new cases, including "transfers in" since 1929.



1929	Pulmonary	657	Non-pulmonary	77	Total	734
1930	"	582	"	66	"	648
1931	"	511	"	61	"	572
1932	"	442	"	69	"	511
1933	"	438	"	74	"	512
1934	"	331	"	72	"	403
1935*	"	460	"	100	"	560
1936	"	355	"	79	"	434
1937	"	345	"	88	"	433
1938	"	310	"	84	"	394
1939	"	299	"	84	"	383
1940	"	343	"	101	"	444
1941	"	390	"	75	"	465
1942	"	365	"	85	"	450
1943	"	359	"	93	"	452
1944	"	392	"	52	"	444
1945	"	355	"	60	"	415
1946	"	440	"	55	"	495
1947	"	458	"	68	"	526
1948	"	403	"	78	"	481
1949	"	410	"	51	"	461
1950	"	555	"	46	"	601
1951	"	443	"	46	"	489
1952	"	473	"	41	"	514
1953	"	455	"	39	"	494
1954	"	392	"	56	"	448
1955	"	361	"	33	"	394
1956	"	316	"	29	"	345
1957	"	249	"	24	"	273
1958	"	248	"	21	"	269
1959	"	197	"	23	"	220
1960	"	211	"	30	"	241

\*City Boundary extended and population increased by 20,000.  
The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

The following table shows the sources from which the cases of tuberculosis registered in 1960 came :

Transferred in from other Areas	..	..	..	55
Home Contacts of Notified Cases	..	..	..	29
Business Contacts	..	..	..	1
School B.C.G. Scheme	..	..	..	1
Tuberculin Positive School Entrants and their Contacts..				1
Scheme for X-ray of Pregnant Women	..	..		2
Referred by the Mass Radiography Unit	..	..		33
National Service Recruits	..	..	..	2
Death Adjustments	..	..	..	3
Cases referred by Service Medical Officers	..	..		2
Cases notified by Hospital Medical Officers	..	..		23
Cases referred by General Practitioners	..	..		89

---

241

---

The following table gives the sex and age periods of those notified during 1960 :

Age Periods ..	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<b>Pulmonary</b>											
Males ..	5	—	1	9	16	11	21	18	17	12	110
Females ..	5	3	2	8	10	8	6	5	2	1	50
<b>Non-pulmonary</b>											
Males ..	3	—	—	1	—	4	1	2	—	1	12
Females ..	2	—	—	3	1	2	3	—	2	1	14

The following table gives the sex and age periods of those transferred in from other areas during 1960 :

Age Periods ..	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
<b>Pulmonary</b>											
Males ..	—	—	—	1	5	13	9	5	1	—	34
Females ..	—	—	—	2	3	6	5	1	—	—	17
<b>Non-pulmonary</b>											
Males ..	—	—	—	—	—	2	—	—	—	—	2
Females ..	—	—	—	—	1	—	1	—	—	—	2

The following table gives the number of young adults notified in the age periods 15–19 and 20–24 during the past six years :

**Pulmonary Tuberculosis in Young Adults (Notifications)**  
(15–24) during the past six years

Ages	1955		1956		1957		1958		1959		1960	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	9	18	9	14	9	9	11	7	7	7	9	16
Females ..	16	12	14	12	9	11	9	14	5	10	8	10
Total ..	25	30	23	26	18	20	20	21	12	17	17	26
<b>Total both sexes ..</b>	55		49		38		41		29		43	

## Contacts

The following table shows the number of contacts who attended for chest X-ray during the past six years. The number of contacts found to have tuberculosis in 1960 was 30, as compared with 17 in 1959 :

	1955	1956	1957	1958	1959	1960
Number of contacts examined .. ..	2,588	2,986	2,554	2,206	2,087	1,893
Number of contacts found to have tuberculosis ..	26	30	9	16	17	30

## School Case-Finding Scheme

	1955	1956	1957	1958	1959	1960
Tuberculin positive school entrants and their contacts ..	344	462	287	46	69	38
Number found to have tuberculosis ..	3	5	8	—	1	1

## Radiological Examination of Expectant Mothers

	1955	1956	1957	1958	1959	1960
Number of Expectant Mothers X-rayed .. ..	1,797	2,597	2,347	2,337	2,037	1,857
Number found to have tuberculosis .. ..	3	6	4	7	3	2

## B.C.G. Vaccination

B.C.G. vaccination has again been offered to all tuberculin negative contacts. 644 vaccinations were performed during the year, as against 778 the previous year.

Number of B.C.G. vaccinations :

1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
191	855	622	532	717	777	831	846	708	778	644

## Chronic Cases

Long term chemotherapy with anti-tuberculosis drugs is an established form of treatment in tuberculosis and has proved its effectiveness in producing and maintaining sputum conversion in the great majority of treated cases.

It has been shown in previous years that the main cause of failure to obtain sputum conversion has been the emergence of resistance to the main chemotherapeutic drugs. Early recognition of drug resistance is an important part of present-day control of the disease. A register of drug-resistant patients is now being kept at the Clinic. The following table shows the number of drug-resistant cases in the City during the past five years. It will be seen that little change has occurred in the number of these cases since 1956.

	1956	1957	1958	1959	1960
No. of Drug-resistant cases	43	44	50	46	40

As treatment may be considered to have failed in these resistant cases, ways and means of dealing with them are being constantly explored and every effort is made to prevent the spread of resistant tubercle bacilli. Spread of resistant tubercle bacilli has not, so far, become a problem in the City, and only one new case was found during the year to be infected with drug-resistant bacilli. This case responded to treatment and has become sputum negative.

## Deaths

Deaths due to pulmonary tuberculosis	..	21 (local figures)
Deaths due to non-pulmonary tuberculosis	..	--

The pulmonary deaths (21) were seven more than in 1959. There were no deaths from non-pulmonary tuberculosis as against one in 1959.



**Number of Deaths from Pulmonary and Non-pulmonary  
Tuberculosis in Leicester during the past 20 years**

Year	Phthisis		Other Tuberculous Diseases		Total Tuberculous Deaths	
	Deaths	Rate per 100,000 Population	Deaths	Rate per 100,000 Population	Deaths	Rate per 100,000 Population
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61
1950	134	47	7	2	141	49
1951	98	34	7	2	105	36
1952	96	33	6	2	102	35
1953	68	24	5	2	73	25
1954	65	23	6	2	71	25
1955	57	20	2	1	59	21
1956	27	9	3	1	30	10
1957	27	9	1	1	28	10
1958	20	7	4	1	24	8
1959	14	5	1	—	15	5
1960	21	8	—	—	21	8

The following tables give the Age, Sex Distribution and Occupation of those dying from Pulmonary Tuberculosis during 1960 :

**Age and Sex Distribution of Deaths from Pulmonary Tuberculosis  
in 1960**

Age Period		Males	Females	Total
0— 1	..	—	—	—
2— 4	..	—	—	—
5— 9	..	—	—	—
10—14	..	—	—	—
15—19	..	—	—	—
20—24	..	—	—	—
25—34	..	—	1	1
35—44	..	3	—	3
45—54	..	3	—	3
55—64	..	8	1	9
65+	..	4	1	5
All Ages	..	18	3	21

## Occupations of Persons Dying from Pulmonary Tuberculosis in 1960

	M.	F.		M.	F.
<b>Hosiery Trade</b>	M.	F.	Gardener .. ..	1	-
Knitter .. ..	1	-	Farm Worker .. ..	1	-
Mechanic .. ..	1	-	Cleaner .. ..	1	-
Storekeeper .. ..	1	-	Clerk .. ..	1	-
<b>Shoe Trade</b>			Taxi Driver .. ..	1	-
Finisher .. ..	1	-	Grocer's Van Salesman	1	-
Examiner .. ..	1	-	Chemist .. ..	1	-
<b>Engineering</b>			Club Steward .. ..	1	-
Master Engineer .. ..	1	-	Timber Machinist .. ..	1	-
Lecturer .. ..	1	-	Married Women, Wid-		
Labourer .. ..	1	-	ows and persons of no		
Iron Foundry Moulder	1	-	occupation .. ..	-	3
				18	3

## ANALYSIS OF DEATHS

### Pulmonary Cases on Chest Clinic Register

Stage when first examined	Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years	Total
T.B. - ve cases ..	-	-	-	-	-	1	-	-	1
T.B. + ve Stage 1..	-	-	-	-	-	1	1	-	2
T.B. + ve Stage 2..	-	-	-	-	1	-	1	9	11
T.B. + ve Stage 3..	2	-	-	-	-	-	-	2	4
Total ..	2	-	-	-	1	2	2	11	18

In addition there were three deaths of patients who had not been notified as suffering from tuberculosis. This gives a total of 21 pulmonary deaths.

**Deaths from Pulmonary Tuberculosis in Children (0-14)  
and in Young Adults (15-24) during the past six years**

Years ..	1955		1956		1957		1958		1959		1960	
Ages ..	0-14	15-24	0-14	15-24	0-14	15-24	0-14	15-24	0-14	15-24	0-14	15-24
Males ..	-	1	-	-	-	-	-	-	-	-	-	-
Females ..	-	1	1	-	-	-	-	-	-	-	-	-
Total ..	-	2	1	-	-	-	-	-	-	-	-	-
Total each year	2		1		-		-		-		-	

**Non-Pulmonary Tuberculosis Deaths**

Nil

**Deaths from Tuberculous Meningitis in Children (0-14)  
during the past six years**

Nil

**Recovered Cases**

During the past year the names of 247 patients were removed from the tuberculosis register as having "recovered". Of these, 221 were pulmonary and 26 non-pulmonary cases. Of the pulmonary cases, 147 had had tubercle bacilli in their sputum.

**VISITS**

Visits paid by Health Visitors ..	..	..	..	4,654
Visits paid by Home Nurses ..	..	..	..	4,146

**Chest Clinic as the "Centre of Diagnosis"**

Notes from general practitioners in Leicester requesting an opinion on 3,536 patients—2,409 were referred for the first time, the remainder were cases who had been before—were dealt with during the past twelve months.

**Clinical Examinations**

	Men	Women	Children	Total
First examinations ..	760	393	137	1,290
Re-examinations ..	2,757	1,516	260	4,533

**Radiological Examinations**

1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
15,146	14,941	18,094	15,453	17,536	18,525	16,943	15,586	15,292	13,984

**Total Attendances**

Total attendances ..	..	..	..	18,139
----------------------	----	----	----	--------

# ANALYSIS OF CASES ON CHEST CLINIC REGISTER

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined clinically and/or radiologically :										
(a) Definitely T.B.	88	29	3	7	10	2	95	39	5	139
(b) Diagnosis not completed ..	—	—	—	—	—	—	252	160	52	464
(c) Non-Tuberculous	—	—	—	—	—	—	1,275	2,072	246	3,593
B. New contacts examined during the year :										
(a) Definitely T.B.	8	8	13	—	—	1	8	8	14	30
(b) Diagnosis not completed ..	—	—	—	—	—	—	2	3	11	16
(c) Non-Tuberculous	—	—	—	—	—	—	327	250	37	614
C. Cases written off Chest Clinic Register :										
(a) Recovered ..	116	92	13	8	14	4	124	106	17	247
(b) Non-Tuberculous	—	—	—	—	—	—	1,775	2,432	307	4,514
D. Number of cases on Clinic Register on 31st December, 1960 :										
(a) Definitely T.B.	997	652	106	62	90	20	1,059	742	126	1,927
(b) Diagnosis not completed ..	—	—	—	—	—	—	457	337	84	878
1. Number of cases on Clinic Register on 1st January, 1960, including observation cases ..			2,790			2. Number of cases transferred in from other areas.			48	
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, cases "lost sight of" and cases where diagnosis has not been established. ..			83			4. Cases written off during the year as dead (all causes) ..			45	
5. Number of attendances at the Clinic for all purposes ..			18,139			6. Number of chest X-ray films taken during the year.. ..			13,984	
7. Number of persons receiving B.C.G. vaccine, at the Clinic, during the year .. ..			644			8. Number of visits by the Health Visitors to homes of patients for Clinic purposes .. ..			4,654	
9. Number of patients visited by the Home Nurses during the year .. .. .			73			10. Number X-rayed under the scheme for X-ray of pregnant women .. .. .			1,857	
11. Number of patients to whom free milk was granted by the Local Health Department ..			193			12. Number of patients to whom beds and/or bedding have been loaned by the Local Authority.			35	



## LEICESTER AREA MASS RADIOGRAPHY UNIT

### REPORT FOR 1960

I am indebted to Dr. E. M. Quinn, Medical Director, for the following Report :

"During the year under review the Unit has followed the general practice of dividing its time between the City and County districts.

The groups X-rayed in the City consisted of the general public, factory and office workers, doctors' referrals, nursery staffs, home helps, health visitors, wayfarers, college students and school staffs.

In addition to its work at base, the Unit carried out surveys on the premises of Messrs. Corahs Ltd., The British United Shoe Machinery Co. Ltd., Messrs. A.E.I. Ltd., The Towers Hospital, Glenfrith Hospital, H.M. Prison and the University.

As in previous years the Unit also carried out a survey on one of the housing estates, and the one chosen for the year under review was Stocking Farm Estate. This survey was one of the most disappointing the Unit has ever carried out. The estate covers a very large area with wide open spaces between some of the roads making access to a central point rather difficult in many instances. It is also a hilly district. The only suitable central point for use as a base was the Community Centre and with the co-operation of the authorities concerned the Unit decided to use this. A period of three weeks was chosen in order that everyone would have an opportunity of making a visit. In addition to afternoon sessions, evening sessions were held.

The lack of hoardings made advertising a little more difficult, but notices appeared in the local press, and posters were displayed in the shops serving the estate. An article and an advertisement were included in the estate magazine and, in addition, a leaflet giving full details was distributed to every house on the estate.

In the three weeks only 623 of the general public were X-rayed. In addition, 132 attended from nearby factories, etc. Of the 623 general public, 246 had not had a previous X-ray, i.e. 39%. No active cases of pulmonary tuberculosis were discovered.

22,113 City persons were X-rayed in the year (13,500 in 1959). 34 cases of pulmonary tuberculosis requiring close supervision were discovered, giving a rate of 1.54 per 1,000.

Again the doctors' referrals proved to give a high proportion of active cases. 245 were X-rayed and four cases of pulmonary tuberculosis were discovered—a rate of 16.0 per 1,000. The wayfarers, as in previous

years, gave the highest rate. 31 were X-rayed and three cases of pulmonary tuberculosis discovered, i.e. a rate of 96.8 per 1,000.

169 strongly positive tuberculin skin tested schoolchildren were X-rayed and three cases of pulmonary tuberculosis were discovered, a rate of 17.7 per 1,000.

Further details are given in the statistical report.”

THE LEICESTER MASS RADIOGRAPHY UNIT. LEICESTER CITY, 1960

	Number X-rayed		Large Film Recall		Clinic		T.B. Close Supervision		Rate per 1,000	T.B. Occasional Supervision		Bronchiectasis		Cardiac		Pneumoconiosis		Carcinoma	
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Public Sessions ..	2,684	3,207	5,891	161	247	54	41	6	1		1.2	2	1	7	21	—	—	2	1
Doctors' Patients	145	100	245	36	28	15	13	1	3		16.0	1	—	3	2	—	—	1	1
Organised Groups	8,008	5,224	13,232	481	334	130	40	9	4		1.0	6	—	26	8	2	—	—	1
N.S.R. ..	316	—	316	—	—	—	—	1	—		3.1	—	—	—	—	—	—	—	—
Colleges ..	591	493	1,084	33	25	10	3	—	1		0.91	—	—	—	—	—	—	—	—
Mental Patients ..	438	454	892	20	28	8	10	1	—		1.1	—	—	1	3	—	—	—	—
Leicester Prison ..	242	—	242	19	—	5	—	1	—		4.1	—	—	—	—	1	—	—	—
Wayfarers ..	31	—	31	6	—	3	—	3	—		96.8	—	—	—	—	—	—	—	—
Ante-Natal ..	—	11	11	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—
Skin Positive Schoolchildren	98	71	169	—	—	9	6	3	—		17.7	—	—	—	—	—	—	—	—
TOTAL ..	12,553	9,560	22,113	756	662	234	113	25	9		1.54	9	1	37	34	3	—	3	3

In addition to the above—Benign neoplasms      Male (56) Ganglioneuroma  
Male (66) Hamartoma

## SOCIAL WORKER'S REPORT

### Total case load :

In hospital	..	..	353
At home	..	..	279
			<hr/>
			632
			<hr/>

### Number of Interviews :

At Chest Clinic :			
Old patients	..	..	543
New patients	..	..	73
Relatives, etc.	..	..	61
			<hr/>
			677
			<hr/>

### In hospital :

On admission	..	..	216
Routine	..		2,040
Before discharge	..	..	209
			<hr/>
			2,465
			<hr/>

### Number of Visits :

#### Home visits :

Patients at home	..	..	523
Concerning patients in			
hospital	..	..	161
Visits to other agencies re			
patients	..	..	180
			<hr/>
			864
			<hr/>

### Type of Help Required :

#### Financial Help :

National Assistance	..	..	196
Pensions and National In-			
surance	..	..	231
Friends of Groby Road	..	..	145
Charity Organisation Soci-			
ety	..	..	21
Other	..	..	57

#### Other Help :

Home Help	..	..	37
Recuperative Holiday	..	..	81
Rehabilitation	..	..	181
Sent to D.R.O.	..	..	160
Sent to Rehabilitation Unit			34
Occupational therapy at home			20
Lodgings	..	..	24
Old People's Services	..	..	32
Mental Health	..	..	6
Housing	..	..	114
General family problems	..	..	81

This year has been concerned mostly with consolidation of work already done. The good relationships that exist with every other agency, including Government Departments and employers, have greatly facilitated the work of rehabilitation.



The attitude towards tuberculosis in Leicester is now very good and little difficulty is encountered by patients because of prejudice. This is not the case with lodgings, where a certain amount of difficulty is still experienced by tuberculosis patients.

The Friends of Groby Road Hospital continue to be of great assistance to a large number of patients and their help is very much appreciated. This Christmas 120 grocery vouchers of 15s. each were sent by them to patients in need.

The problems of the non-tuberculous chest patients are still very acute and much less understood by the community. A great deal of help is still required, particularly as it would appear that their numbers are increasing.

## APPENDIX II

# Report on Maternity and Child Welfare for the year 1960

by

KATHLEEN J. C. SHAW, M.B., Ch.B., D.C.H.  
(Senior Medical Officer for Maternity and Child Welfare)

## STATISTICS

### Birth-rate

There were 2,325 male live births and 2,221 female live births, a total of 4,546 live births, giving a birth-rate of 16.6.

Of the total live births (4,546) 340 were illegitimate (173 males and 167 females) giving an *illegitimate birth-rate* of 7.48 per 100 live births.

### Stillbirths

There were 105 stillbirths registered during the year, 52 males and 53 females, giving a stillbirth-rate of 22.58 per 1,000 births (live and still) compared with 19.6 in 1959.

From the records of stillbirths notified during the year, the following summary has been compiled :

Place of Birth	Condition of Foetus		Malformation of Foetus		Estimated duration of pregnancy in weeks																					
	Macerated	Not Macerated	Present	Absent	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45				
Home .. 28	15	13	3	25																						
Hospital 77	31	46	13	64	3	3	2	3	3	5	6	4	10	7	8	7	11	7	5	2	2	1				
Totals ..105	46	59	16	89																						

Age Group	Number of Mothers	Number of previous pregnancies										
		0	1	2	3	4	5	6	7	8	9	10
Under 20	9	9	—	—	—	—	—	—	—	—	—	—
20 — 29	56	20	19	4	7	2	2	1	1	—	—	—
30 — 39	33	6	5	5	4	2	4	3	1	1	1	1
40 — 49	7	—	—	2	1	2	1	1	—	—	—	—
Totals	105	35	24	11	12	6	7	5	2	1	1	1

	Condition of Foetus		Malformation of Foetus				
	Macerated	Not Macerated	Present	Absent	Ante-Natal Care	No Ante-Natal Care	Not known
Home .. 28	15	13	3	25	26	2	—
Hospital 77	31	46	13	64	60	4	13
Totals .. 105	46	59	16	89	86	6	13

The causes of stillbirths were :

Cause	Home Confinement	Hospital Confinement
Not known .. ..	13	15
Ante partum hæmorrhage ..	2	11
Congenital abnormality ..	3	13
Abnormal uterine action ..	—	1
Tonic uterine contraction ..	—	1
Abnormality of placenta ..	1	7
Premature separation of placenta ..	—	1
Retro placental clot .. ..	—	1
Foetal distress .. ..	—	2
Cord round neck .. ..	—	2
Prolapsed cord .. ..	2	2
True knot in cord .. ..	—	2
Asphyxia .. ..	—	3
Anoxia .. ..	—	—
Toxæmia of pregnancy .. ..	—	2
Rh. incompatibility .. ..	—	4
Multiple pregnancy .. ..	1	1
Pyelonephritis .. ..	—	1
Intra uterine pneumonia ..	—	1
Cerebral oedema .. ..	—	1
Prematurity .. ..	—	3
Leptomeningeal hæmorrhage ..	—	1
Post maturity .. ..	1	—
Birth injury .. ..	1	—
Difficult delivery .. ..	3	—
Hydramnios .. ..	1	—
	—	—
Total .. ..	28	77
	—	—

From an analysis of the stillbirths, the following observations are made :

- (1) In the 28 domiciliary confinements which resulted in a stillbirth, the midwife was in sole charge of the pregnancy in two of these cases. In 24 cases both midwife and doctor had been engaged and in two cases neither had been engaged. The doctor was called in in emergency in 10 cases. All cases were thoroughly investigated and 15 infants were macerated on delivery and 13 were not.
- (2) In the case of hospital deliveries, of the 77 cases reported, six were admitted as emergencies and were not booked for hospital confinement.
- (3) The estimated duration of pregnancy was 40 weeks or more in 38 cases and premature to a varying degree in 67 cases.
- (4) The largest group at risk of stillbirth is women having a first baby, 35 cases, and in the statistics for 1960 the largest proportion of these were in the age group 20-29. Subsequent to the first pregnancy there was a gradual decline at all ages.
- (5) The number of cases in which there was abnormality of the foetus totalled 16, these abnormalities being :

Home Confinements			Hospital Confinements		
Anencephaly	..	2	Anencephaly	..	9
Hydrocephaly	..	1	Hydrocephaly	..	2
		—	Spina bifida	..	1
		3	Gross congenital deformity		1
		—			—
					13
					—

It will be noted that only two of the stillbirths occurring in domiciliary practice were born to mothers who had received no ante-natal care. Similarly amongst hospital confinements there were four cases in which no ante-natal care had been obtained and there was some doubt in 13 further cases.

#### **Infant Mortality Rate. (Registrar General's Figures):**

Number of deaths in infants under one year	..	111
Corrected number of live births	..	4,546
Infant death-rate	..	24.41



From our local figures, the following summary of 106 infant deaths has been made. The remaining five deaths occurred outside our area and no details are available.

Place of Death	No. of Deaths	Number of previous pregnancies											Age of mother				
		0	1	2	3	4	5	6	7	8	9	10	Under 20	20-29	30-39	40-49	Not known
Home	18	5	6	3	—	2	—	1	1	—	—	—	2	7	7	2	—
Hospital	88	38	10	17	8	4	7	3	—	—	1	—	13	48	23	—	4
Totals	106	43	16	20	8	6	7	4	1	—	1	—	15	55	30	2	4

			Ante-Natal Care		Infant Welfare Clinic	
			Yes	No	Yes	No
Home	..	..	15	3	9	9
Hospital	..	..	78	10	13	75
Totals	..	..	93	13	22	84

#### Duration of terminal illness :

Under 1 day	..	..	47
1-7 days	..	..	46
8-14 days	..	..	5
15-28 days	..	..	5
— 2 months	..	..	2
— 3 months	..	..	—
— 4 months	..	..	1
Total	..	..	106

In 42 cases the onset of the terminal illness was at home, 24 cases were transferred to hospital and died there and 18 cases remained at home and died at home.

In 64 cases the onset of the terminal illness began in hospital and all these cases died there. 24 additional cases died in hospital following transfer from home.

Onset at home and died at home	..	..	18
Onset at home and died in hospital	..	..	24
Onset in hospital and died in hospital	..	..	64

As in the case of stillbirths, the greatest risk of death is to the first-born child, 43 out of 106 deaths. Also the greatest proportion of the mothers as with stillbirths are between 20-29 years of age.

Of the 84 children who did not attend an Infant Welfare Clinic, no less than 71 died before they were old enough to attend such a clinic.

From an analysis of the causes of death, the following facts emerge :

- (1) In 1960 prematurity was again the greatest single primary cause of death, 23 cases, and a contributory factor in a further 13 cases.
- (2) During the year 46 infants who were born prematurely died compared with 44 in 1959.
- (3) Congenital abnormalities accounted for eight deaths in 1960. Of these, one was due to abnormality of the central nervous system and seven to congenital heart disease.
- (4) Haemolytic disease of the newborn *per se* caused one death from Hydrops foetalis in 1960.
- (5) There were no deaths due to violence or accident during 1960.
- (6) Of the 106 deaths of which details are available, 43 (40.6%) occurred within 24 hours after birth ; 68 (64.1%) within the first week after birth and 72 (67.92%) within the first 28 days after birth.

### Neo-natal Mortality Rate. (Registrar-General's figures)

The Neo-natal mortality rate is calculated as follows :

$$\frac{\text{Number of deaths under 28 days} \times 1,000}{\text{Total live births}} = \frac{76 \times 1,000}{4,546}$$

$$= 16.71 \text{ per } 1,000$$

The rate for 1959 was 13.4 per 1,000

### Perinatal Mortality Rate

The Perinatal mortality rate is calculated as follows :

$$\frac{\text{All deaths under 7 days} + \text{all Stillbirths} \times 1,000}{\text{Total births living and stillborn}} = \frac{(70 + 105) \times 1,000}{4,651} = 37.63$$

The rate for 1959 was 31.0 per 1,000

TABLE 7. City of Leicester

## INFANT MORTALITY DURING THE YEAR 1960

Net deaths from stated Causes at various Ages under 1 year of Age

(LOCAL FIGURES)

CAUSE OF DEATH	Under 24 Hours	Under 1 Wk.	1 Week	2 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	4 to 6 Mths.	7 to 9 Mths.	10 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified ..	43	25	—	3	1	72	23	7	3	1	106
Prematurity .. ..	20	2	—	—	—	22	1	—	—	—	23
Asphyxia .. ..	2	—	—	—	—	2	4	—	—	—	6
Atelectasis .. ..	7	7	—	—	—	14	—	—	—	—	14
Anoxia .. ..	3	1	—	—	—	4	—	—	—	—	4
Respiratory failure ..	1	—	—	—	—	1	—	—	—	—	1
Heart failure .. ..	1	2	—	—	—	3	3	—	—	—	6
Hæmorrhage (cerebral) ..	3	2	—	—	1	6	—	—	—	—	6
Hæmorrhagic disease of new-born .. ..	3	1	—	—	—	4	—	—	—	—	4
Hydrops fœtalis .. ..	1	—	—	—	—	1	—	—	—	—	1
Neonatal shock .. ..	1	—	—	—	—	1	—	—	—	—	1
Neonatal pneumonia ..	1	—	—	—	—	1	—	—	—	—	1
Pneumonia .. ..	—	4	—	1	—	5	2	—	—	—	7
Pulmonary syndrome of new-born .. ..	—	1	—	—	—	1	—	—	—	—	1
Congenital abnormality ..	—	2	—	2	—	4	2	2	—	—	8
Suprarenal hæmorrhage ..	—	1	—	—	—	1	—	—	—	—	1
Gastro intestinal hæmorrhage	—	1	—	—	—	1	—	—	—	—	1
Intestinal obstruction ..	—	1	—	—	—	1	—	—	—	—	1
Acute tracheo-bronchitis ..	—	—	—	—	—	—	1	1	—	—	2
Acute respiratory infection..	—	—	—	—	—	—	2	—	—	—	2
Broncho pneumonia .. ..	—	—	—	—	—	—	7	3	2	1	13
Enteritis .. ..	—	—	—	—	—	—	1	—	—	—	1
Streptococcal Empyema ..	—	—	—	—	—	—	—	1	—	—	1
Renal failure .. ..	—	—	—	—	—	—	—	—	1	—	1

Registrar-General's figures :

Net Births in { legitimate 4,206  
the Year { illegitimate, 340

Net Deaths in { legitimate infants, 99  
the Year of { illegitimate infants, 12

# **Maternal Mortality (local figures) :**

Number of deaths during the year	..	..	..	2
From puerperal sepsis	..	..	..	0
From other accidents and diseases of pregnancy and parturition	..	..	..	2
		1958	1959	1960
Rate per 1,000 live and stillbirths	..	0.22	—	0.43
Figures for England and Wales	..	0.43	0.38	0.39

One of these maternal deaths occurred in August, 1960, and resulted from septicaemia following a septic abortion. The cause was certified by the Coroner after a post-mortem. No inquest was held.

The other case occurred in Leeds and was transferred in to us, as the patient usually resided in Leicester. Death was due to left ventricular failure and hypertension, as a result of toxæmia of pregnancy.

# NATIONAL HEALTH SERVICE ACT, SECTION 22

## CARE OF MOTHERS AND YOUNG CHILDREN

### Health Visiting

(Corresponding figures for 1959 are shown)				1960	1959
Number of first visits to children under one year old ..				4,655	4,579
„	„	revisits to children under one year old	..	19,465	21,082
„	„	visits to children one to five years old	..	33,644	31,583
„	„	first visits to ante-natal cases	.. ..	1,595	1,592
„	„	other visits to ante-natal cases	.. ..	1,419	1,100
„	„	visits to tuberculous patients	.. ..	3,526	3,368
„	„	visits re Mantoux testing	.. ..	98	159
„	„	visits concerning infant deaths and stillbirths		39	50
„	„	visits concerning after-care	.. ..	763	521
„	„	visits to diabetic patients	.. ..	1,147	1,433
„	„	visits concerning applications for convalescent home accommodation	.. ..	179	179
„	„	other visits (no access)	.. ..	11,545	11,769
„	„	other visits (not classified)	.. ..	3,738	4,292
Totals .. ..				81,813	81,707

### Attendances of Health Visitors at Clinic and other Sessions :

					1960	1959
Child Welfare Centres	..	..	..	..	2,710	2,741
Ante-Natal Clinics	..	..	..	..	586	611
Birth Control Clinics	..	..	..	..	171	159
School Sessions (including School Clinics)				..	2,726	3,799
Diphtheria Immunisation and Vaccination Clinics				..	84	76
Chest Clinic	..	..	..	..	42	247
Hospital Sessions	..	..	..	..	388	414
Screening Tests..	..	..	..	..	510	595
Others (including Audiology Clinic)			..	..	533	583
Total .. ..					7,750	9,225



It was not possible to maintain the establishment figure of 36 health visitors employed by the Health Department throughout 1960. By December 31st, 1960, the staff was reduced to 30 full-time health visitors and two part-time health visitors.

Six members of the School Health Service are trained health visitors and carry out duties connected with the School Health and Maternity and Child Welfare Services. The School Health Service staff remained as depleted as in 1959.

The total number of visits carried out shows an increase of 106 compared with 1959 and in 1960 the number of "no access" visits fell slightly as health visitors were better informed of the hours of work of mothers and visited at more convenient times.

Analysis of the statistics of visits shows, that owing to shortage of staff, visiting has inevitably had to be more selective in some cases. This is revealed in the reduction in the number of re-visits to children under one year of age and in other visits not classified. More ante-natal visiting has been undertaken—an increase of 322 visits over 1959. This may be related to the increased demand for maternity hospital accommodation on sociological grounds, and the subsequent investigation of the merits of each case.

The number of visits to tuberculous patients shows an increase which is a reflection of the slight increase in the number of notified cases during 1960.

The number of visits related to after-care again shows an increase, indicating that in 1960 good liaison was maintained with hospitals and district nurses in providing supervision of patients not actually requiring active nursing but still in need of guidance and advice.

As in 1959, health visitors undertook work connected with the assessment of need for rehousing and also in the follow-up of infectious diseases. In this way, the health visitor continues to act as family advisor and health educator.

As before, co-operation between the Health Visiting Staff, Home Nursing Staff and Home Help Service continues and discussion of matters concerning all three services takes place at regular intervals between the Superintendent Health Visitor, Senior Superintendent of Home Nursing and the Home Help Organiser.

## **Joint Circular Ministry of Health, Ministry of Education and Home Office**

Members of the Health Visiting Staff have attended case conferences called by the Medical Officer of Health throughout the year and have continued to make a valuable contribution to the discussion of these cases. In addition, the Health Visiting Staff have attended case conferences called by the Children's Officer. The Superintendent Health Visitor has also attended conferences with the Deputy Medical Officer of Health, Home Help Organiser and Senior Medical Officer for Maternity and Child Welfare for the prevention of break-up of families.

During the academic year 1959-1960, lectures and demonstrations were given by members of the Health Visiting Staff in three Senior Girls' Schools. A total of 212 girls received instruction. In one school, 90 girls did not take any part of the examination for school girls of the National Association for Maternal and Child Welfare. In the other two schools in which Mothercraft is included in the curriculum, 38 girls left during this period and 39 girls remained at school and sat the written and practical parts of the National Association for Maternal and Child Welfare examination in July, 1960. 36 girls passed the examination and were awarded the certificate of the Association and three girls failed the written part and did not obtain a certificate.

In one school, 10 girls obtained over 80% for their practical examination which is an indication of the interest this course has aroused, and once again indicates, that health education of this type, which is so important in later life, is accepted and enjoyed by those receiving instruction.

The number of visits to diabetic patients and applicants for convalescent home accommodation shows no change in the latter and a slight decrease in the former.

Two Health Centre Superintendents were employed as members of Health Visiting Staff as in 1959. In September, 1960, one left to be married so that a vacancy was created at the Marriott Road Centre. By December, 1960, this post was still vacant despite advertising in the nursing press.

### **Deafness in the Pre-School Child**

During 1960, weekly sessions were held in the Clinic at 96 New Walk until November, 1960, when four extra sessions were held. By mid-December, the number of sessions reverted to one per week.

The following is a summary of the work during 1960 :

Number of clinic sessions held (ascertainment and training) .. .. .	53
Number of new children referred (including 3 from other Local Authorities) .. .. .	32
Number of children who attended during the year ..	45
Number of attendances made by children ..	182
Average attendance at each clinic .. .. .	3.43
Number on register at 1st January, 1960 .. ..	6
Number on register at 31st December, 1960 .. ..	15

#### Source of recommendation of New Cases :

Medical Staff of Health Departments .. .. .	3
Ear, nose and throat Surgeons .. .. .	5
School Medical Service .. .. .	13
Failed Screening Tests .. .. .	8
Referred from Health Visitor .. .. .	1
Transferred in from County .. .. .	2
<b>Total .. .. .</b>	<b>32</b>

30 children ceased attending the clinic during 1960 for the following reasons :

Number of children who, after investigation, have been shown to have normal hearing over the whole range of speech frequencies .. .. .	19
Number of children who have gone to a School for the Deaf or Partially Deaf .. .. .	2
Number of children, with some hearing loss and attending a normal school, wearing a hearing aid .. ..	4
Number of children, with some loss of hearing and attending a normal school, but not wearing a hearing aid ..	5
<b>Total .. .. .</b>	<b>30</b>

#### Screening Tests

The following are the details of the 1,821 routine tests carried out during the year, with the corresponding details for previous years and the total of tests :

No. of Children tested			Results of Screening Tests, 1960		
Previous years	1960	Total	Failed 1st Test	Failed 2nd Test	Failed 3rd Test
9,275	1,821	11,096	61	30	8

61 children failed their first test of hearing and 31 passed their second test.

Of the 30 who failed their second test, eight failed their third test and all of these were referred to the Audiology Clinic for further investigation.

Concerning the eight children referred to the Audiology Clinic the findings were as follows :

Found to be deaf and still attending the clinic..	..	4
Found to have normal hearing .. ..	..	2
Still attending clinic and investigations incomplete ..	..	2
		—
Total .. ..	..	8
		—

The ages of the children tested were as follows :

Under 1 year .. ..	..	1,405
12—15 months .. ..	..	145
15—18 months .. ..	..	67
18 months—2 years .. ..	..	90
2—3 years .. ..	..	60
3—4 years .. ..	..	34
4—5 years .. ..	..	20
		—
Total .. ..	..	1,821
		—

During 1960, the number of health visitors trained in the practice of screening tests of hearing remained at seven, and the number of specially trained health visitors attached to the Audiology Clinic to undertake diagnostic testing and guidance remained unchanged at four.

## Handicapped Children

A register of Handicapped Children under school age is kept in the Maternity and Child Welfare Department. Each month the Health Visitor's record cards of these children are scrutinised by the Senior Medical Officer for Maternity and Child Welfare. A monthly visit is paid to these children by the Health Visitor unless the handicap does not warrant such frequent visits.

The Senior School Medical Officer is notified of each child as it attains the age of two years and thus in cases where special educational facilities will be required, the necessary arrangements can be planned well in advance of school entrance.

The health visitor continues to visit those children whose handicap is such that they cannot attend school, after they attain the age of five years, but at less frequent intervals.



The statistics for 1960 are appended below :

Total of registered handicapped children in January, 1960	167
New registrations during 1960 .. .. .	81
Children attaining the age of five years during 1960 ..	22
Children who died during 1960 .. .. .	14
Children who moved from the City during 1960 ..	21
Children reviewed and no longer considered handicapped ..	5
<hr/>	
Total of registered handicapped children in December, 1960	186
<hr/>	

Of the 248 children on the register during the year, the handicaps were as follows :

Blind and partially sighted .. .. .	10
Deaf and partially deaf .. .. .	15
Orthopaedic defects .. .. .	21
Mentally retarded :	
Mongols .. .. .	33
Others .. .. .	39
Epilepsy and convulsions .. .. .	17
Cardiac abnormalities .. .. .	34
Congenital deformities .. .. .	37
Cerebral palsy or spastic .. .. .	17
Urogenital abnormalities .. .. .	2
Diabetes .. .. .	3
Other endocrine conditions .. .. .	4
Bone and joint conditions .. .. .	6
Miscellaneous .. .. .	10
<hr/>	
Total .. .. .	248
<hr/>	

The registered handicap of the 14 children who died was :

Congenital heart disease .. .. .	1
Other congenital abnormalities .. .. .	9
Mongol .. .. .	1
Other mental handicap .. .. .	1
Orthopaedic defect .. .. .	1
Epileptiform convulsions .. .. .	1
<hr/>	
Total .. .. .	14
<hr/>	

### Mobile Clinic

This clinic has now been in use for six years and continues to provide convenient and hygienic conditions of work for the doctor and health visitors in outlying areas of the City where such facilities would otherwise not be available.

During 1960, the clinic was being used for seven sessions per week.



## Ante-natal Clinics

Clinic	No. of Sessions	ATTENDANCES			
		First Visits	Re-Visits	Total	Avg. per Session
Cort Crescent . .	49	78	298	376	7.7
New Walk, a.m. . .	49	102	294	396	8.1
p.m. . .	49	128	523	651	13.3
Causeway Lane . .	52	101	356	457	8.8
Belgrave Hall . .	52	202	862	1,064	20.5
Newby Street . .	52	178	754	932	17.9
Aikman Avenue*	49	115	508	623	12.7
Southfields Drive . .	52	177	686	863	16.6
Stocking Farm*	48	110	532	642	13.4
Humberstone . .	52	60	228	288	5.5
Valence Road . .	48	106	440	546	11.4
Totals . . . .	552	1,357	5,481	6,838	12.4

\*Mobile Clinic

During 1960, no changes were made in either the siting or number of clinics. These remain at ten in number.

There was a very small decrease in the number of first visits and this has influenced the subsequent decrease in revisits and total visits of patients to clinics throughout the year. The average attendance per session on the total attendance showing virtually no change.

As in previous years, Belgrave Hall and Newby Street continue to have the largest attendances possibly because they are situated in a thickly-populated area and conveniently placed for mothers who wish to shop at the same time.

## Mothercraft and Relaxation Classes

The two mothercraft classes established in January, 1959, have proved popular in 1960. There is a considerable increase in the number of mothers attending, due no doubt to the enthusiasm and valuable instruction given by the health visitors staffing these classes.

New Walk again had the highest demand for places at these classes but Valence Road, towards the end of the year, also showed that the greatly improved attendances were likely to continue.

This venture has proved its worth and will no doubt be expanded considerably in years to come.

Each class takes place weekly and consists of six sessions covering all aspects of ante-natal and post-natal care, accompanied by instruction in relaxation and exercises.

The details of the classes held to date are :

		New Walk	Valence Road
Number of classes held	..	.. 9 (up to and including 4.1.61)	9
Number of sessions held	..	.. 54	54
Number of patients who attended	..	.. 105	60
Number of attendances made	..	.. 420	262
Average attendance at each session	..	.. 7.8	4.9

### Post-natal Clinic

There is one central clinic held weekly for those patients attended by a midwife only.

There is very little difference this year—three fewer patients attended than in 1959.

Number of sessions	..	..	..	51
First visits of patients	..	..	..	126
Revisits of patients	..	..	..	55

Patients attend this clinic by appointment and the midwife who attended the patient is encouraged to attend if her duties will permit her to do so.

### Premature Infants

#### Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

As the Table indicates, 247 infants were born in hospital, 70 infants were born at home and 11 infants were born in a private nursing home, making a total of 328 births during 1960.

Of the 54 premature infants born at home and remaining at home, 52 survived to the 28th day. This survival rate is due to the care and skill of the midwives and family doctors.

The special equipment collectively termed the "Sorrento" outfit was used on five occasions at home.

# PREMATURITY

Number of premature live births notified (as adjusted by transferred notifications):  
 (a) In Hospital .. 247. (c) In Private Nursing Homes .. 11. Total .. 328

Number of premature still-births notified (as adjusted by transferred notifications):  
 (a) In Hospital .. 48. (c) In Private Nursing Homes .. - Total .. 61

WEIGHT AT BIRTH	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS		
	Born in Hospital			Born at home and nursed entirely there			Born at home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day		
	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total
	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital	Born in Hos- pital
(a) 3 lb. 4 oz. or less (1,500 gm. or less)	17	9	28	-	-	4	2	1	-	-	-	2	-	2	20
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500—2,000 gm.)	4	57	65	3	1	4	1	3	-	-	-	-	-	-	13
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000—2,250 gm.)	7	45	53	9	-	3	-	3	3	-	3	-	-	-	5
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250—2,500 gm.)	2	97	101	42	-	5	-	4	6	-	6	-	-	-	10
TOTALS ..	30	208	247	54	1	16	3	11	9	-	9	2	-	2	48
															13

Of the 16 premature infants born at home and transferred to hospital, 11 survived to the 28th day. These figures illustrate the skilled care and attention given in hospitals to infants whose condition gives sufficient concern to warrant their transfer to hospital.

This year only two premature infants of the 11 born in a nursing home were transferred to hospital and both survived to the 28th day. The nine remaining at the nursing home were alive after 28 days.

Of the 247 premature infants born in hospital, 208 survived to the 28th day. Of the 39 who did not survive, 30 died within 24 hours of birth.

In 1960 there were 328 premature live births and 61 premature stillbirths compared with 324 premature live births and 46 premature stillbirths in 1959.

34 of the infants weighed 3 lb. 4 oz. or less at birth and 12 of these survived 28 days. Of these very premature infants, six weighed less than 2 lb., their weight being between 1 lb. 2 oz. and 1 lb. 12 oz. The corresponding figures for 1959 were 32 infants weighing under 3 lb. 4 oz. of whom 10 survived 28 days.

### Ophthalmia Neonatorum

There were 11 cases notified during the year. Only four of these cases were City children and all of them responded satisfactorily to treatment.

### Birth Control Clinic

There are two weekly sessions, one at a central clinic and one on an outlying estate.

The following figures refer to the work done at both clinics during the year 1960:

	<i>City</i>	<i>County</i>	<i>Total</i>
Number of patients who sought advice ..	113	36	149
Number of patients who were accepted for advice .. .. .	110	36	146
Number of patients who were not accepted for advice .. .. .	3	—	3

Concerning the 146 women accepted for advice, the following are the medical reasons for which advice was given :

<b>Husband :</b>				<i>City</i>	<i>County</i>	<i>Total</i>
Active Tuberculosis	..	..		1	-	1
<b>Children :</b>						
Mental Disease	..	..	..	-	1	1
<b>Patient :</b>						
Nervous debility	..	..	..	14	4	18
General debility	..	..	..	32	10	42
Pulmonary Tuberculosis	..	..	..	-	1	1
Heart disease	..	..	..	-	1	1
Toxæmia of pregnancy	..	..	..	2	4	6
Multiparity	..	..	..	16	1	17
Obstetric complications	..	..	..	6	3	9
Anaemia	..	..	..	1	-	1
Rh. Negative	..	..	..	3	-	3
Diabetes	..	..	..	-	1	1
Various other conditions	..	..	..	35	10	45

#### Cases in which advice was not given :

Advice was refused to three City patients as there were no medical reasons for contraception. Two of these patients were pregnant and one was referred to the Family Planning Association Clinic.

### Child Welfare Centres

(Corresponding figures for the previous year in brackets)

Number of Child Welfare Centres	27	(27)
Number of medical sessions each week	27	(27)
Number of sessions held ..	1,350	(1,329)
Total attendances of mothers	51,231	(57,663)

#### Total attendances of Children :

Under one year old	..	45,137	} 62,586	(48,471)	} (65,407)
Over one year old	..	17,449		(16,936)	

#### First visits of Children :

Under one year old	..	3,875	} 4,340	(4,027)	} (4,489)
Over one year old	..	465		(462)	

Number of sessions at which a doctor was present ..		1,329	(1,314)
Number of children seen by a doctor .. ..		21,323	(21,128)



There were no changes in child welfare sessions during 1960. The overall figures do show however a slight drop in attendances of mothers and children. This, however, can be accounted for by the prevalence of influenza, measles, and chickenpox during 1960.

The average number of children seen by a doctor at each session was 16.0.

Health Education in the form of talks by health visitors and health visitor students to small groups, or individually, continued during the year, supplemented when possible by films shown by Mr. E. W. Harris, the Health Education Assistant. Mr. Harris has also given talks and film shows to mothers at various centres on his own.

The voluntary workers, including members of the Women's Voluntary Service, at the Child Welfare Clinics have once more given a year of hard work and devoted service for which we are deeply in their debt. Without their help the smooth running of the clinics would be difficult.

### Welfare Foods

The arrangements for distributing these foods at each Child Welfare Centre and the Central Depot at 96 New Walk continued unchanged during 1960.

Full-time staff of the Health Department is employed at 96 New Walk which undertakes distribution daily, including Saturday mornings.

The Child Welfare Clinics are staffed by voluntary workers—Women's Voluntary Service members and others and welfare foods are obtainable at the weekly clinic sessions.

During 1960, the following welfare foods were distributed :

	Main Distribution		
	Centre		
	96 New Walk	Clinics	Total
Orange Juice (bottles) ..	30,430	97,167	127,597
National Dried Milk (tins) ..	16,175	37,863	54,038
Cod Liver Oil (bottles) ..	3,116	13,270	16,386
Vitamin Tablets (packets) ..	4,469	8,922	13,391
			<hr/>
			211,412 items
			<hr/>

### Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions (Circular 2831 of the Ministry of Health dated July, 1943)

The method and classification remain unchanged.

The number of children under five years of age known to the department to be persistently verminous during 1960 was 21.

### Method of Cleansing

The cleansing of young children is sometimes undertaken at home by the parents but more usually by the staff at the Cleansing Centre, Elbow Lane. The home premises are dealt with by the staff of the Public Health Inspection Department.

### Treatment at Minor Ailments Clinics

Where necessary children under school age are referred for the treatment of minor ailments to one of the Minor Ailments Clinics in the City administered and staffed by the School Health Service.

### Artificial Sunlight

The number of children referred to the clinic was 28, as against 48 for the previous year.

The number of children who completed treatment was as follows :

	Good Results		Fair or unchanged		Total
	Boys	Girls	Boys	Girls	
Respiratory Catarrh . .	1	4	—	1	6
Debility .. ..	1	—	1	—	2
Anorexia .. ..	—	2	—	—	2
Various reasons ..	2	3	—	—	5
	—	—	—	—	—
Totals ..	4	9	1	1	15
	—	—	—	—	—

### Other Clinics

There were 45 children under five years of age admitted to the Ear, Nose and Throat Clinic ; 100 to the Eye Clinic ; 200 to the Skin and Minor Ailments Clinic and 115 to the Orthopaedic Clinic. This total of 460 children is 21 fewer than the total of 481 for 1959.

### Day Nurseries

The details of the provision and attendances at each nursery are as follows :

<i>Day Nursery</i>	<i>Places</i>	<i>Attendances</i>	<i>Daily Average</i>
St. Martin's ..	60	11,726	47.86
Glen Street ..	60	10,343	42.22
Fosse Road ..	45	9,992	40.78
Fairway ..	40	6,830	27.88
New Walk ..	35	6,205	25.33
College Street ..	45	10,463	42.71
Belgrave House ..	60	9,309	37.99
Bedford Street ..	50	12,717	51.91
Sparkenhoe Street ..	50	11,698	47.75
Frank Street ..	50	13,283	54.22
Number of children on the register at end of year ..			516
Number of approved places ..			495
Average attendances in 1960 ..			418.63

At no time during the year was it possible to maintain the service without a waiting list for vacancies for the nurseries in the centre of the town. The demand for places in these nurseries continued at a fairly high level. Every effort was made to ensure that applications for these nurseries were dealt with as quickly as possible. There is seldom, however, a waiting list for vacancies in nurseries in the periphery of the city.

Towards the end of the year it was found necessary to close one nursery to new admissions for a period owing to an outbreak of dysentery.

Chickenpox, measles and influenza took a considerable toll of the children during 1960, a total of 300 cases of measles, 109 cases of chickenpox and 28 cases of influenza. In addition to these outbreaks there were isolated cases of German Measles, Mumps, Whooping Cough, etc. during the year.

### **Nurseries and Child Minders Regulation Act, 1948**

During the year one person applied for registration as a daily minder for a maximum of four children under five. No registrations were cancelled during the year. At the end of the year 19 persons were registered as daily minders receiving a maximum of 106 children. The registered daily minders are supervised by the Superintendent Health Visitor with the appropriate district health visitor.

### **The Care of Illegitimate Children**

#### **Circular 2866 of the Ministry of Health, dated October, 1943**

In accordance with the provisions of the above Circular, a scheme

has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Miss M. Walters, Organising Secretary of the Leicester Diocesan Moral Welfare Association, retired in July, 1960. At the end of the year her post had not been filled. Miss Walters, however, is to continue attending Committee meetings where her experience will be of inestimable value.

This department has been given immeasurable help and support in the past by Miss Walters and our sincere thanks are tendered to her.

Analysis of work done during 1960 is as follows :

Total number of cases referred .. .. .	183	
Brought forward from 1959 .. .. .	32	
	<hr/>	215
Matrimonial and family problems dealt with ..	14	
Cases of older children.. .. .	26	
	<hr/>	40
		<hr/>
Total cases .. .. .		255
		<hr/>

Sources of reference (new cases only) :

Matrons .. .. .	23
Hospital Almoners .. .. .	18
Health Visitors and Clinics .. .. .	44
Officials N.A.B., Employment Exchanges, etc. ..	8
National Council for the Unmarried Mother and her Child	8
Voluntary Agencies and individual Social Workers ..	29
Doctors, Employers and Friends .. .. .	34
Personal application .. .. .	15
Clergy, Church Workers, etc. .. .. .	4
	<hr/>
	183
	<hr/>

Apart from advice and guidance on questions of adoption, affiliation, matrimonial difficulties and personal problems, some applicants have been given specific help in the manner indicated below :

By admission to Voluntary Homes or Hostels .. ..	30
By provision of clothing, cots and prams .. ..	20
By finding lodgings for mothers .. ..	8
By finding foster homes for babies .. ..	15
By finding work for mothers .. ..	2
By helping mothers to obtain affiliation orders .. ..	4
By helping to arrange private agreements .. ..	7
By obtaining help through voluntary societies .. ..	4
By obtaining a place in a residential nursery (not local authority) .. ..	1

The fees paid to the Homes and Hostels were made up as follows :

Paid for by :

City Health Department only .. ..	1
City Health Department and parents .. ..	3
City Health Department and mother's insurance ..	7
City Health Department and parents and mother's insurance	3
City Health Department and parents of mother and of putative father .. ..	1
City Health Department, parents and putative father ..	2
City Health Department, putative father and husband ..	1
Parents only .. ..	1
Parents and mother's insurance .. ..	4
Putative father and mother's insurance .. ..	6
Mother's savings and insurance .. ..	2
Putative father and parents .. ..	2
Parents, putative father and mother's insurance ..	1
<hr/>	
Total .. ..	34*

\*Thirty cases relate to 1960 and four relate to cases carried forward from 1959.

Position with regard to children at the end of the year :

Living with unmarried mother in her parent's home ..	34
Living in lodgings .. ..	11
Living in mother's own home .. ..	4
Living with mother married to putative father .. ..	5
Living with mother married to another man .. ..	1
Living with mother in a residential post .. ..	1
Living with parents who are cohabiting .. ..	5
Living with grandparents .. ..	—

Mother responsible for and has access to the child :

(a) Living with foster parents .. ..	6
(b) Living in a voluntary children's home .. ..	1
(c) Adopted or placed for adoption .. ..	18



Advised and helped before passing on :

Mother and child moved to another area	..	..	4
Mother removed before birth of child	..	..	1
Case referred to another agency	..	..	11
Died	..	..	6
Miscarriages and abortion	..	..	8

Cases still in hand :

In care of Local Authority with or without mother	..	12
In voluntary home or hostel with mother	..	4
As yet unborn	..	49
Not recorded	..	2
Total	..	183

### Adoption of Children (Regulation) Act, 1950

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County under the name of the Leicester and Leicestershire Adoption Society.

Details of the work of the Society during 1960 are as follows :

Total number of applications from persons wishing to adopt a child	..	..	..	..	350
Number of above considered by Case Committee	..	121			
Number of children offered to the Society with a view to adoption	..	..	..	..	92
Number of children offered but not accepted by the Society	..	6			
Number of children withdrawn before being placed	..	4			
Number of children placed with a view to adoption	..	82			
Number of children withdrawn by their natural mother during probationary period	..	..	..	3	
Number of infants so delivered in respect of whom adoption orders had not been made	..	..	..	37	
Number of adoption orders made in respect of infants placed during 1960	..	..	..	42	
Number of orders made in respect of infants placed in 1959	..	25			
Infants offered to the Society at the end of 1960 but not yet placed for adoption :					
(a) Number in care and possession of the Society	..	0			
(b) Number boarded out by the Society	..	..	3		
(c) Number of other infants	..	..	..	-	

During 1960 22 meetings of the Case Committee were held.

# NATIONAL HEALTH SERVICE ACT, SECTION 23

## MIDWIFERY

### Midwives

During the year 1960, 126 midwives notified their intention to practise. Of these 26 were municipal midwives, six were midwives in independent practice—four in registered nursing homes and two in domiciliary practice—and the remaining 94 were practising in maternity hospitals and maternity homes.

### THE MUNICIPAL MIDWIFERY SERVICE

#### SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	Cases Attended	Gas and Air administered	Pethidine administered	VISITS		
				Ante-natal	Post-natal	Total
1	280	229	133	1,665	4,272	5,937
2	322	297	79	2,228	5,442	7,670
3	189	170	80	1,604	3,953	5,557
4	166	143	90	1,169	2,757	3,926
5	263	239	185	1,591	4,737	6,328
6	354	298	155	1,957	6,260	8,217
7	292	249	154	2,251	5,409	7,660
Part-time and Relief	70	67	50	423	3,105	3,528
Totals	1,936	1,692	926	12,888	35,935	48,823

Area 1. Aylestone, Eyres Monsell, Southfields, Saffron Lane.

Area 2. Braunstone, Narborough Road, Westcotes.

Area 3. Braunstone Frith, New Parks, Abbey Lane, Belgrave Gate.

Area 4. Humberstone, Catherine Street, Gipsy Lane.

Area 5. Stocking Farm, Mowmacre, Loughborough Road, Birstall.

Area 6. Northfields, Scraptoft, North Evington, Thurnby Lodge, Goodwood.

Area 7. Central, Crown Hills, Evington, Stoneygate, Clarendon Park, Knighton.

The establishment of 28 midwives was not approached at any time during 1960. In January, 1960, the midwifery staff for the City was 20 full-time and three part-time midwives and one part-time maternity nurse.

Two midwives were appointed and took up duty in October, 1960. The tragic death of one midwife while on holiday and the retiral of another however offset the acquisition of two midwives in October. By the end of December, the effective staff was 19 full-time midwives and four part-time midwives—an addition of one who retired from full-time duty and one part-time maternity nurse.

In December three full-time midwives were appointed to take up duty in January, 1961.

Because of the depleted staff it was only possible to cope with the extra work by instructing midwives to keep their visits to the essential minimum, subject to their case load and any other demands made upon them. This is reflected in the slight decrease in the number of post-natal visits undertaken compared with 1959.

Despite the stress under which the midwives were working they gave willing service and co-operation without which the service would have been impossible to maintain. One cannot commend too highly their efforts to maintain the service.

In order to give some measure of relief at night, a scheme has been drawn up for a night rota system and this will be put into effect in January, 1961.

### Midwives and General Practitioner/Obstetricians

The following figures indicate the distribution of work between the midwives and doctors concerning the 1,924 deliveries attended by midwives in the area during 1960 :

Deliveries attended by a midwife :

(a) (i) When a doctor was not booked but was present at				
time of delivery	..	..	..	5
(ii) When a doctor was not booked and was not present				
at time of delivery..	..	..	..	251
(b) (i) When a doctor was booked and was present at time				
of delivery	..	..	..	168
(ii) When a doctor was booked and was not present at				
time of delivery	..	..	..	1,500
Total ..				1,924

## **Patients confined in Hospitals**

The scheme of notification to the Health Department of patients discharged from hospital has continued and these patients are visited by midwives until the end of the lying-in period as defined in the Rules of the Central Midwives Board. Thereafter the cases are handed over to the health visitor for the area.

As in the domiciliary midwifery service, there is an acute shortage of midwives in the hospital service also and it is to the credit of the maternity hospitals that only 921 patients were discharged to the care of a midwife before the 14th day and of these 680 were discharged before the 10th day. The corresponding figures for 1959 are 1,092 and 386 respectively. In June 1960, under the new Central Midwives Board rules, the puerperium was reduced from 14 to 10 days hence the increase in the number of cases discharged before the 10th day.

## **Flying Squad**

Midwives act on their own initiative in an emergency and the facilities were used three times by a midwife alone and a further nine times when a doctor was also present. Eight patients were given a blood transfusion, five of these were transferred to hospital and three remained at home. Of the four patients not transfused, two were transferred to hospital and two remained at home.

## **Breast Milk Bank**

Five patients of municipal midwives donated milk to the Breast Milk Bank at the Leicester Royal Infirmary Maternity Hospital, Causeway Lane.

## **Patients transferred to the Home Nursing Service**

It is the custom to transfer maternity nursing of cases in which either the mother or the baby has an infection to the Home Nursing Service. During 1960, 123 such cases were transferred which involved 1,066 visits.



## NATIONAL HEALTH SERVICE ACT, SECTION 24

### Health Visiting and the School Health Service

The co-ordination of these two services, agreed in 1947, continues as each new appointment of a health visitor to the service is made. It is inevitable, however, that as an increasing number of the members of the School Health Service are not trained health visitors that combined duties cannot be undertaken by these members of the School Health Service.

### Training School for Health Visitors

From July, 1948, to December, 1960, 299 persons have successfully passed their examination. Of these, 108 were bursary students and joined the staff for a minimum period of 18 months. Some of them have remained for a longer period and others intend to remain on the permanent staff, whilst some independent students elected to join the staff after the termination of the course. The training school has, since its inception, been the main source of health visiting staff and without it as a means of obtaining trained staff we could not hope to maintain an adequate service.

One complete course occurred in 1960, commencing in May and terminating in December, 1960. 13 candidates sat for the examination and seven were successful. Two candidates were Leicester bursary students one of whom passed the examination in December, 1960, and the other re-sat the examination and was successful in March, 1961. The remainder of the candidates who failed were receiving bursaries from other authorities.

The candidates for the 1960 course were not, on the whole, of the same calibre as students on previous courses. They were of widely varying ages and educational background and found difficulty in assimilating and applying knowledge.

Miss McClymont, Course Tutor, left the Department in April, 1960, and was succeeded by Miss J. I. Jones. Miss Jones took up her appointment on 19th April, 1960.



# NATIONAL HEALTH SERVICE ACT, SECTION 26

## VACCINATION AND IMMUNISATION

### Diphtheria Immunisation

Facilities for immunisation against Diphtheria are available at each Child Welfare Centre at their weekly sessions and at Day Nurseries. In addition, there is a central clinic which is held at 96 New Walk on Saturday mornings. Additional sessions are held in Infants' Schools and a certain proportion of children are immunised by their own General Practitioners.

The following tables show the number of children immunised during the year :

### Primary Immunisation

Immunised against	Under 1 year	1 Year	2 years	3 years	4 years	Over 4 years	Total
Diphtheria ..	—	6	2	7	15	366	396
Diphtheria/Whooping Cough ..	276	1,829	174	65	54	645	3,043
Diphtheria/Whooping Cough/Tetanus ..	1,247	266	79	61	27	60	1,740

### Booster Doses

Immunised against	Under 5 years	Over 5 years	Total
Diphtheria .. ..	89	873	962
Diphtheria/Whooping Cough	800	1,597	2,397
Diphtheria/Whooping Cough/Tetanus .. ..	68	88	156

### Immunised against Whooping Cough only

Under 5 years	Over 5 years	Total
2	31	33

No boosting doses given against Whooping Cough only.

These figures show an increase over those for 1959. Partly this must be attributed to the increased demand for primary immunisation against diphtheria and for booster doses for those already immunised during the autumn when there was an outbreak of Diphtheria in Derby.

In July, 1960, immunisation against Diphtheria, Whooping Cough and Tetanus, using a Triple vaccine commenced. This vaccine has the advantage of protecting the child against tetanus and obviates any danger from allergic reactions which may ensue from the use of anti-tetanus serum.

### **Vaccination against Smallpox**

Under the National Health Service Act, facilities for vaccination were provided at clinic premises at 96 New Walk. Requests for vaccination are very few, namely, 108 children and 5 adults vaccinated and 7 children and 10 adults re-vaccinated.

### **Poliomyelitis**

Immunisation sessions were held on Saturday mornings at 96 New Walk as required for Poliomyelitis vaccination.

## NATIONAL HEALTH SERVICE ACT, SECTION 28

The work of the Health Visitor continues to increase, particularly in the field of after-care. She carries out Tuberculosis Care and After-Care in her own district, and keeps in touch with the Chest Physician at the Chest Clinic.

Adult patients who are discharged from hospital are not notified and so no routine follow-up is undertaken in every case. Visits are paid on request from the hospital staff.

Children who are discharged from hospital are known to this department as there is close liaison between Paediatricians and Health Visitors. Health Visitors attend ward rounds and out-patient Paediatric Clinics and by mutual consultation information is passed from the Paediatrician to the district Health Visitor concerned and on request vice versa.

One Health Visitor works in conjunction with the Diabetic Clinic at the Royal Infirmary and during the year paid 1,147 visits to patients suffering from this disease, advising them on their diet and on the many special problems that arose.

The methods of follow-up of maternity patients is detailed under Section 23.

## GENERAL

### Home Accidents

The Chief Ambulance Officer notified the Department of each case conveyed to hospital after an accident. These, together with any cases which become known to the health visitors, form the basis of this enquiry.

Each case notified was visited by a health visitor who enquired fully into the circumstances of the accident and submitted a report. This visit was also used to advise the family on measures which would prevent further accidents—a very important part of Health Education.

From this investigation the following statistics have been abstracted :

Age	..	No. of Males	No. of Females	Total number
Under 12 months	..	7	..	7
1 year	..	13	..	29
2 years	..	28	..	44
3	..	13	..	21
4	..	7	..	13
5 — 9 years	..	21	..	33
10 — 15 years	..	13	..	19
16 — 20	..	1	..	2
21 — 29	..	7	..	12
30 — 39	..	7	..	15
40 — 49	..	6	..	22
50 — 59	..	8	..	23
60 — 69	..	5	..	31
70 — 79	..	8	..	28
80 — 89	..	2	..	12
90 + years	..	—	..	1
Grand totals	..	146	..	312

### Type of injury sustained :

Cuts and lacerations	..	..	..	109
Bruising	..	..	..	15
Fractures	..	..	..	59
Dislocation	..	..	..	6
Sprains	..	..	..	13

Carried forward 202

			Brought forward	202
Crush injury ..	..	..	..	5
Hæmorrhage ..	..	..	..	1
Hæmatoma ..	..	..	..	1
Concussion ..	..	..	..	4
Puncture wounds	..	..	..	8
Burns ..	..	..	..	19
Scalds ..	..	..	..	35
Poisoning ..	..	..	..	18
Inhalation of fumes	..	..	..	3
Foreign bodies	..	..	..	7
No information	..	..	..	4
No injury sustained	..	..	..	5
				—
Total ..	..	..	..	312
				—

Circumstances at time of accident :

Alone on premises	Not alone	Not known	Total
63	249	—	312

Accident considered to be :

Preventable	Not preventable	Total
161	151	312

Severity of injury :

Not severe	Severe	Fatal	Total
160	150	2	312

The fatalities were :

A man of 85 who was subject to attacks of dizziness. He fell into the fire and died from the effects of extensive burns. This man was alone at the time and the fire was unguarded.

A man of 76 years, who suffered from cataract but was not thought to be totally blind insisted upon going upstairs by himself. He fell down the stairs, sustained concussion and died five days later. This man was not alone in the house and his relations maintained that he insisted upon going upstairs alone despite repeated warnings and attempts to help him.

The figures for 1960 show the vulnerability of the very young and those who have reached the age of 60. In the age group 16–59 years there are virtually as many people involved in home accidents as persons over 60.



Of the 63 accidents in which the victim was alone on the premises at the time, 17 were persons between 60–69 years of age, 13 were between 70–79 and 6 between 80–90, that is, 36 out of 63, or 57.1 per cent. This fact highlights the dangers of elderly people living alone, particularly as many of the accidents in this age group are associated with falls.

A study of the accidents reveals, that despite attempts to educate parents and children :

Drugs, bleach, turpentine and cleaning fluids are left where small children can reach them and swallow them.

Pans and other containers of hot fluids are left where children can pull them down.

Fires are left without fireguards.

Inadequate precautions are taken to prevent falls from tripping over loose mats, toys, etc.

In four cases alcohol played a part in the occurrence of accidents—causing falls resulting in a greater or lesser degree of injury.

Three individuals suffered from the effects of fumes—one from leaking gas and two from smoke fumes. None of these accidents were fatal and in the two cases from smoke fumes the fire had fallen through the hearth and set fire to a downstairs room. This occurred in property due for demolition.

In addition to the 312 accidents analysed, a further 24 accidents were reported by the Chief Ambulance Officer to the department. Although the patient was transferred from his or her home to hospital, investigation showed that the accident had occurred elsewhere—at work, in the street away from the immediate vicinity of the home, etc.

### **Registered Nursing Homes**

Every effort is made to ascertain any unregistered Nursing Home. The Medical Inspector reported in April that Stoneygate Nursing Home had ceased to function, the premises being empty. The registration of this nursing home was therefore cancelled by committee on the 17th April, 1960.

During the remainder of the year, seven registered nursing homes were registered for a maximum of 170 beds. The number of beds available in the City at the end of the year remained at this figure.

During 1960, St. Francis Private Nursing Home began alterations to extend to a total of 24 beds on the general side, six chronic sick beds and 20 midwifery beds. At the end of December, this work was still incomplete.

One nursing home applied for an increase in the number of permitted beds but this was not granted as the top floor, which would have been used, was not considered suitable.

One nursing home, which applied for exemption from registration as a non-profit-making establishment was granted exemption.

The Medical Inspector of Nursing Homes continued to work in co-operation with the Welfare Department who are responsible for Homes for the Aged, particularly in ascertaining unregistered Homes.

### **Nurses' Bureau**

There is one Nurses' Bureau now registered at 31 Saxby Street.

KATHLEEN J. C. SHAW

*May, 1961*

**TABLE 8**

**LIST OF**

**REGISTERED NURSING HOMES**

**(INCLUDING MATERNITY HOMES)**

ADDRESS		NO. OF BEDS
Central Nursing Home, 6 University Road	..	15
Sundial Nursing Home, Aylestone Road	..	20
St. Francis Private Hospital, 362 London Road	..	31
Springfield Road Rest Home, 35 Springfield Road	..	8
The Lawn Nursing Home, London Road	..	22
Dane Hills Convent	.. ..	56
"Ava," Ratcliffe Road	.. ..	18

## Dental Report 1960

by

P. S. R. CONRON, L.D.S. R.C.S.(Eng.)  
Chief Dental Officer

The Local Authority dental service provides free treatment for school children, pre-school children, including those at Day Nurseries, expectant and nursing mothers and, to a limited extent, for the Emily Fortey School. This report deals specifically with treatment carried out for the Maternity and Child Welfare service.

*Staff.* The staffing strength remains at approximately one-quarter of the approved establishment, and is unlikely to improve for some years to come. We were very fortunate in being able to appoint an oral hygienist, Miss P. S. Palmer, who commenced duties on 7th November, 1960.

*Mothers.* The table following this report is self-explanatory and shows a similar picture to the previous year. 87 full or partial dentures were constructed and fitted for 51 patients, the prosthetic work being carried out at the Authority's own dental laboratory at Overton Road clinic ; 32 mothers had scaling carried out by the dental officers. Attendances numbered 580, failed appointments 168. Altogether 111 mothers were made dentally fit.

*Children.* 396 children were inspected, 163 referred for treatment, 158 treated and 157 made dentally fit.

MATERNITY AND CHILD WELFARE SERVICE, 1960

(a) Numbers provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	162	160	158	111
{ Day Nurseries	274	92	46	46
Children under 5 { Others ..	122	112	112	111
Total ..	396	204	158	157

(b) Forms of Dental Treatment provided :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
Expectant and Nursing Mothers	32	84	—	—	716	84	Full Upper or Lower	Partial Upper or Lower	9
{ Day Nurseries	—	61	—	—	30	14	—	—	—
Children under 5 { Others ..	—	15	—	—	308	105	—	—	—
Total ..	—	76	—	—	338	119	—	—	—



## Report of the City Analyst for the year 1960

by

F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.  
(Public Analyst and Official Agricultural Analyst)

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

I beg to submit my Report on the work carried out in the City Analyst's Department during 1960. The original function of the Public Analyst—to analyse samples submitted under the Food and Drugs Act and other Acts and Regulations bearing on public health matters—still remains the chief activity of the Laboratory. In 1960 the number of samples taken again exceeded the 10,000 mark, providing an interesting variety of work and requiring the solution of many diverse problems.

In the course of years other duties have become the province of the Public Analyst and some of these have developed into fairly considerable sidelines. Investigation of atmospheric pollution, for instance, is now measured in several different ways and involves daily observations at a number of scattered sites. A section of Civil Defence, the Scientific Intelligence Officers' Service, which has its roots in the original Gas Identification Service of 1938, was again kept in regular activity during the year, the responsibility since April last being taken over by Mr. Pike. Considerations of Public Relations involve the giving of frequent talks to different local Associations and Societies. The talks are given in response to requests, and while providing a means of getting across to the public various aspects of our work, preparation of talks tends to become a not insignificant aspect in itself.

On the problem of control of food composition, the question of standards and codes of practice is now very much to the fore and through the Association of Public Analysts different standards were discussed with appropriate sections of the food industry dealing, for example, with the composition of various categories of pre-packed meat products, the composition of crab paste, dried soup mixes, etc. An agreement was reached during 1960 after four years' discussion with the Association of British Pharmaceutical Industry and the Proprietary Association of Great Britain on labelling procedure for compounded medicinal preparations. Perhaps the most significant development during the year in this

field was the formation of a Joint Advisory Committee with Local Authorities' Associations. This body will, of course, have greater weight than Public Analysts alone could possibly have in negotiating with sections of the food industry and important results should follow the activities of this Joint Advisory Committee in further protection of the public and reputable manufacturers and to some extent in clarifying the duties of the Public Analyst.

One event of the year worthy of special mention is the Pure Food Centenary celebration, and I thank the Health Committee that I was privileged to attend this function. My own experience covers the last third of the hundred years (since 1925 in fact) and since Mr. Burford, my predecessor, was born in 1856 and was, therefore, taking at least a passive interest in the subject of food by 1860, we may claim in some fashion to have spanned the whole period! A paragraph on the Food Centenary is given at the end of this Report.

Tables referring to different sections of work are given in their appropriate place in the body of the Report instead of being segregated at the end as in previous years.

In closing this introduction I wish to thank all members of my staff for the excellent work they have performed in discharging their respective duties. Mr. Pike has shown great zeal in applying new techniques and has been a very great help in the general running of the Department. Messrs. Smart and Mason have made certain routine duties their own and have done them well and conscientiously. All the other members of the staff are newly appointed but have shown keen interest in the work of the Department and rapidly become assimilated into the team. I would particularly like to thank Mrs. Michael, my Secretary, who came when we were in the doldrums for clerical help and rapidly got us under way.

May I also thank you, Sir, the members of your Committee and your Medical Officer of Health for the interest you have always shown in the work of my Department, for the courteous and patient hearing that my reports at Committee Meetings have always received, and for many individual acts of kindness to myself and members of my staff.

I have the honour to be, Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,  
F. C. BULLOCK,  
*City Analyst.*

*March, 1961*

## STAFF

The schedule below summarises the changes in staff that occurred during the twelve months ending 31st December, 1960. I have nothing to add to my comments made last year but to quote a verse from William Blake, the 18th century artist and poet, who prophetically indicated in a few words the wise attitude to adopt towards an experience such as ours—

“He who binds to himself a joy  
Does the winged life destroy  
But he who salutes the joy as it flies  
Lives in eternity’s sunrise”.

Equating in the context of our own circumstances “a joy” to “a qualified Assistant Analyst” we have a clear conscience in the matter of destroying winged life. At the same time it has always been a pleasure to know that when our “joys” have flown from the fold they have invariably gone to more remunerative posts or to happy husbands as the case may be, and have kept in touch with us.

I would particularly mention how sorry we were to lose Miss W. Smith early in January, 1960. She had been with us at Salisbury Road for several years giving very satisfactory service and had successfully weathered a difficult year in 1959 without complaint.

### *Public Analyst, Official Agricultural Analyst :*

F. C. Bullock, B.SC., F.R.I.C., P.A.INST.W.E.

### *Deputy Public Analyst, Deputy Official Agricultural Analyst :*

E. R. Pike, A.C.T.(BIRM.), M.P.S., F.R.I.C.

### *Senior Assistant Analysts :*

L. R. Bays, A.R.I.C.	..	.. until 30th April, 1960
Miss S. M. Palmer, B.SC., A.R.I.C.		until 30th September, 1960
V. S. Bulley, Grad.R.I.C.	..	.. from 1st November, 1960

### *Assistant Analysts :*

S. T. Mason	..	.. appointed 15th November, 1954
J. Smart	..	.. appointed 1st May, 1954
J. A. Lane, B.Sc.,	..	.. from 26th September, 1960

### *Laboratory Assistants :*

A. D. Twigger	..	.. until 6th January, 1960
Miss I. M. Haywood	..	.. appointed 29th December, 1959
P. A. Garratt	..	.. from 18th January, 1960

*Laboratory Assistant Trainee :*

Miss C. A. Sprigg .. .. from 22nd August, 1960

*Clerical Staff :*

Miss M. W. Smith .. .. until 16th January, 1960

Mrs. J. M. Michael .. .. appointed 14th December, 1959

Miss S. W. Logan .. .. until 16th February, 1960

Miss D. L. Robinson .. .. from 21st March, 1960

*Laboratory Attendants :*

Mrs. E. Keller .. .. until 29th April, 1960

Mrs. E. Scott .. .. from 3rd May, 1960

## LEGAL

New Regulations introduced in 1960 and affecting the work of the Public Analyst included principally :

**(1) The Fertilisers and Feeding Stuffs Regulations 1960, S.I. No. 1165**

These Regulations consolidate with amendments the Regulations made in 1955 and 1956 under the Fertilisers and Feeding Stuffs Act, 1926. The Regulations include 11 Schedules and the principal changes from our point of view comprise the revision of methods of analysis of fertilisers and feeding stuffs and alterations in the form of the Certificates of Analysis. The changes in methods of analysis are fairly comprehensive and put this part of the Agricultural Analyst's work on an up-to-date basis. The methods include some of the newer instrumental techniques. The flame photometer is officially recognised for potash determinations for fertilisers, the potash content of which does not exceed 20%, and a spectro-photometric method is given for the estimation of phosphate. In addition, minor changes in detail are made in many of the classical methods of analysis. The Fertilisers and Feeding Stuffs Regulations came into operation on the 1st October, 1960.

**(2) The Milk (Special Designation) Regulations, 1960, S.I. No. 1542**

These Regulations are stated in the explanatory note to "consolidate and re-enact with amendments the Milk (Special Designation) (Raw Milk) Regulations, 1949-54, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53". The changes are somewhat complicated dealing with the administrative aspect of granting licences for various grades of milk and as far as the Analyst is



concerned introduce changes into the condition of the Methylene Blue test for tuberculin tested milk and pasteurised milk. The phosphatase test now made official is a new one which enables the Analyst to detect and report inefficient pasteurisation in a much shorter period than heretofore. The Milk (Special Designation) Regulations came into operation in part on the 1st October, 1960.

(3) **The Arsenic in Food (Amendment) Regulations, 1960, S.I. No. 2261**, came into force on the 14th December and increased the permitted amount of arsenic in brewers yeast intended for use in the manufacture of yeast products from 2 to 5 p.p.m.

(4) Towards the end of the year we received **The Skimmed Milk with Non-Milk Fat Regulations, 1960, S.I. No. 2331**, which come into force on the 19th September, 1961. These Regulations legalise the stripping of milk and replacing the fat removed with another fat of vegetable origin. After many years when we have taken it as axiomatic that cow's milk is the most perfect, well-balanced food for babies, adults and the aged, including invalids, it seems strange at this time of day to find a practice being made legal which would have been regarded not many years ago as one of the worst methods of food adulteration. However, there may be new knowledge or perhaps theories on disease which make it desirable for isolated people to have this modified milk, and this being so it is very necessary that the labelling and advertising of the new products should be strictly controlled. This seems to be the principal purpose of the Regulations.



The samples received during this year divided roughly into categories according to the source of origin are set out in Table A :

**TABLE A**

<b>Summary of Samples Analysed during 1960</b>			
<b>Sampled under the Food and Drugs Act, 1955</b>			
<b>(A) Submitted by Sampling Officers :</b>			
(a) Milks .. .. .	..	..	1,529
(b) Foods and Drugs .. .. .	..	..	911
(c) Shellfish .. .. .	..	..	13
<b>(B) Food and Drug samples submitted by members of the public (See Table J) .. .. .</b>			
			36
			<hr/> 2,489
<b>Bacteriological Samples</b>			
<b>Samples under the Milk (Special Designation) Regulations, 1949 .. .. .</b>			
			1,177
<b>Daily Dairy Control samples for pasteurisation efficiency .. .. .</b>			
			1,010
<b>Washed Milk Bottles (Estimation of Cleanliness) ..</b>			
			282
<b>Milk Cartons .. .. .</b>			
			12
			<hr/> 2,481
<b>Fertiliser and Feeding Stuffs :</b>			
<b>Samples submitted under Fertilisers and Feeding Stuffs Act, 1926, by Inspectors (see Table G) ..</b>			
			51
<b>Samples submitted privately (see Table G) ..</b>			
			7
			<hr/> 58
<b>Rag Flock Act, 1911</b>			
<b>Samples submitted by Public Health Inspectors ..</b>			
			4
<b>Atmospheric Pollution : ..</b>			
<b>Standard Deposit Gauge .. .. .</b>			
			36
<b>Lead Peroxide Candles .. .. .</b>			
			60
			<hr/> 96
<b>Water Samples for Water Committee ..</b>			
			4,814
<b>Miscellaneous Samples from other sources :</b>			
<b>Health Department (see Table H) .. .. .</b>			
			387
<b>Other Corporation Departments (see Table H) ..</b>			
			12
<b>From other sources (see Table I) .. .. .</b>			
			103
			<hr/> 502
<b>Grand Total .. .. .</b>			
			<hr/> 10,444

In addition, 2,844 readings were obtained from six units of apparatus kept in continuous operation at six sites for measuring daily levels of smoke and sulphur dioxide.

In Table B the official Food and Drug samples are itemised as specific articles :

**TABLE B**  
**FOODS AND DRUGS ANALYSED DURING 1960**  
(Sampled by Public Health Inspectors under the Food and Drugs Act)

**Foods Analysed :**

Sample	No.	Sample	No.
Almonds .. ..	4	Mayonnaise and Salad Cream..	6
Angelica .. ..	6	Meat Products (Canned) ..	39
Baking Powder .. ..	4	Milk .. ..	1,529
Beer .. ..	10	Milk (Chocolate Flavoured) ..	1
Blanc-mange and Custard Powder .. ..	11	Milk (Evaporated) ..	6
Bread .. ..	1	Milk (Separated with added Vegetable Fat) ..	2
Butter .. ..	6	Milk Powder (Skimmed) ..	6
Cake Mixes .. ..	6	Oranges (Fresh Fruit) ..	6
Cheese (Processed) ..	6	Peas (Dried) ..	6
Chewing Gum .. ..	5	Peanut Butter ..	2
Chocolate (Drinking) ..	6	Peel (Cut Candied) ..	6
Chocolate Spread ..	1	Pearl Barley ..	6
Cherries (Cocktail) ..	2	Pepper .. ..	7
Cherries (Glace) ..	6	Pickles and Sauces ..	19
Christmas Pudding ..	6	Perry (Pink Champagne) ..	1
Coconut (Desiccated) ..	6	Porridge Meal ..	1
Coffee (French) ..	1	Preserves .. ..	44
Coffee and Chicory Essence ..	5	Rice .. ..	6
Coffee (Instant) ..	6	Rice (Ground) ..	6
Crab Meat .. ..	6	Rice (Creamed) ..	6
Crab Paste .. ..	4	Sausage and Sausage Meat ..	24
Cream .. ..	6	Shellfish .. ..	13
Curry Powder .. ..	7	Soft Drinks .. ..	25
Doughnuts .. ..	1	Soups (Canned) ..	7
Drink Powders (Effervescent)..	3	Stuffings .. ..	5
Fish Cakes .. ..	6	Sugar .. ..	12
Flour .. ..	11	Sugar Confectionery ..	6
Fruit and Vegetables (Canned)	43	Suet .. ..	6
Fruit Juices and Syrups ..	16	Tapioca .. ..	6
Fruits (Dried) .. ..	18	Tea .. ..	7
Herbs (Dried) .. ..	21	Turkey Pie .. ..	1
Honey .. ..	6	Vegetable Juices (Canned) ..	4
Ice Cream.. ..	42	Vinegar .. ..	12
Ice Lollies .. ..	1	Whisky .. ..	6
Jellies (Table) .. ..	6	Wines .. ..	13
Lard .. ..	6		
Margarine.. ..	6		
Marzipan .. ..	6		
		Total .. ..	2,165

TABLE B—*continued*

## Drugs Analysed :

Sample	No.	Sample	No.
Almond Oil .. ..	1	Hydrogen Peroxide, Solution of	13
Alum .. ..	6	Indian Brandee .. ..	5
Ammoniated Tincture of Quinine .. ..	6	Iodine, Tincture of .. ..	6
Antiseptic Baby Cream .. ..	1	Lanolin and Lanolin Cream .. ..	6
A.P.C. Tablets .. ..	7	Linctus of Codeine .. ..	6
Aspirins .. ..	6	Liquid Paraffin .. ..	6
Baby Ointment .. ..	1	Oil of Cloves .. ..	6
Boracic Crystals .. ..	1	Oil of Eucalyptus .. ..	6
Boracic Ointment .. ..	6	Olive Oil .. ..	6
Bronchial Mixture .. ..	6	Parrish's Chemical Food .. ..	6
Camphorated Oil .. ..	6	Petroleum Jelly .. ..	1
Castor Oil .. ..	6	Saccharine Tablets .. ..	6
Cascara Tablets .. ..	6	Sal Volatile .. ..	7
Celery Pills .. ..	6	Senokot Granules .. ..	6
Cold and 'Flu Mixtures .. ..	6	Siedlitz Powders .. ..	6
Compound Liquorice Powder .. ..	6	Sodium Bicarbonate .. ..	6
Corn Solvents .. ..	6	Sulphur Tablets .. ..	6
Cream of Tartar .. ..	6	Surgical Spirit .. ..	6
Easton's Syrup .. ..	6	Tincture of Myrrh .. ..	6
Friar's Balsam .. ..	6	Tonic Wine .. ..	6
Gee's Linctus .. ..	6	Vitamin C Tablets .. ..	7
Glycerine .. ..	6	Zinc and Castor Oil Cream .. ..	7
Glycerine and Borax .. ..	6	Zinc Ointment .. ..	7
Glycerine, Lemon and Honey .. ..	4		
Glycerine, Lemon, Honey and Ipecac. .. ..	2	Total Drugs .. ..	288
Glycerine and Thymol .. ..	6	Total Foods .. ..	2,165
Halibut Oil Capsules .. ..	8		
Honey and Borax .. ..	6	Total Food and Drugs .. ..	2,453

## MILK SAMPLES

1,529 samples were examined for chemical composition. Although two samples were below the statutory minimum of 3.0% in fat content and 19 were below the statutory minimum of 8.50% in solids other than fat content no evidence was obtained that indicated that any of the supplies were other than as secreted by the cow. Freezing point determinations on the samples low in S.N.F. exonerated the farmers concerned from any suspicion of adding water.

The average compositions month by month is given in Table C.

The "scatter" of fat contents is shown in more detail in Table C(a) and distribution of Solids-not-Fat contents month by month is illustrated in Table C(b).

The observant traveller through the English countryside will often today notice a few Ayrshires or Shorthorns grazing among the herds of British Friesians and this sensible arrangement no doubt accounts for the decrease in the percentage of milk samples that fail to reach minimum required composition.

There is no doubt that we are blessed in this country with an excellent and ample milk supply and in Leicestershire we get milk well up to the average composition.

Not only is the chemical composition and, therefore, nutritional value, excellent, but the hygienic standard attained in its production as shown in Table E is also extremely high.

Where ordinary milk is bulked and heat-treated before bottling and distribution the efficiency of the heat-treating process is now consistently 100% (see Table L). It does not seem many years ago when pasteurisation was in its early days that this figure was less than 40% !

TABLE C. Averages of Milk Analyses for 1960

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Averages
No. Examined	119	121	135	113	135	110	132	60	134	176	179	115	1,529
Average Fat ..	3.62	3.53	3.49	3.7	3.4	3.67	3.71	3.74	3.81	3.82	3.80	3.78	3.67
Average S.N.F.	8.76	8.70	8.67	8.70	8.58	8.70	8.67	8.64	8.75	8.84	8.80	8.75	8.71

TABLE C. CLASSIFICATION BASED ON TOTAL SOLIDS CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 10.50..	—	—	—	—	—	—	—	—	—	—	—	—	—
10.50—10.99..	—	—	—	—	—	—	—	—	—	—	—	—	—
11.00—11.49..	—	—	—	—	1	2	—	—	—	—	—	—	3
11.50—11.99..	20	25	39	20	27	23	19	10	16	—	6	2	207
12.00—12.49..	58	68	69	48	72	49	70	29	50	45	42	51	651
12.50—12.99..	29	20	22	21	14	23	28	13	42	106	113	53	484
13.00—13.49..	8	3	2	15	9	5	9	5	13	20	13	5	107
13.50—13.99..	3	4	3	6	9	3	4	3	6	1	2	3	47
14.00 & over ..	1	1	—	3	3	5	2	—	7	4	3	1	30
Total Samples	119	121	135	113	135	110	132	60	134	176	179	115	1,529



TABLE C(a). CLASSIFICATION OF SAMPLES BASED ON FAT CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 2.6 ..	—	—	—	1	1	—	—	—	—	—	—	—	2
2.6—2.79 ..	—	—	—	—	—	—	—	—	—	—	—	—	—
2.8—2.99 ..	—	—	—	—	—	—	—	—	—	—	—	—	—
3.0—3.19 ..	13	8	17	7	22	12	10	4	11	—	4	—	108
3.2—3.39 ..	12	18	24	13	33	17	13	6	12	3	6	3	160
3.4—3.59 ..	32	48	44	32	35	25	33	11	26	20	12	19	337
3.6—3.79 ..	27	21	22	20	12	21	28	15	23	57	54	43	343
3.8—3.99 ..	16	11	12	7	10	10	15	9	23	56	66	34	269
4.0—4.19 ..	8	5	4	9	4	10	11	5	14	23	25	7	125
4.2—4.39 ..	7	4	6	9	6	3	8	3	5	10	7	3	71
4.4—4.59 ..	1	—	4	6	3	3	4	2	7	2	1	—	33
4.6—4.79 ..	—	4	2	2	7	4	5	4	2	1	1	3	35
Over 4.80 ..	3	2	—	7	2	5	5	1	11	4	3	3	46
Total Samples	119	121	135	113	135	110	132	60	134	176	179	115	1,529

TABLE C(b). CLASSIFICATION OF SAMPLES BASED ON SOLIDS-NOT-FAT CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 8.10..	—	—	—	—	—	—	—	—	—	—	1	—	1
8.10—8.19..	—	—	—	—	—	2	1	—	—	—	1	—	4
8.20—8.29..	—	—	—	—	2	—	—	—	—	—	—	—	2
8.30—8.39..	—	—	—	—	1	—	1	—	—	—	—	—	2
8.40—8.49..	6	1	—	—	—	3	—	—	—	—	—	—	10
8.50—8.59..	12	13	21	18	3	14	18	12	7	1	3	2	124
8.60—8.69..	15	31	44	21	12	23	33	22	35	8	11	17	272
8.70—8.79..	28	34	38	31	38	31	44	16	28	24	26	41	379
8.80—8.89..	36	26	19	23	35	19	25	7	27	63	81	29	390
8.90—8.99..	10	9	8	7	28	10	4	3	26	53	36	23	217
9.00—9.09..	5	4	2	8	3	2	5	—	5	15	13	2	64
9.10—9.19..	4	2	1	3	7	3	1	—	2	7	4	—	34
9.20 & Over	3	1	2	2	6	3	—	—	4	5	3	1	30
Total Samples	119	121	135	113	135	110	132	60	134	176	179	115	1,529

TABLE E  
Results of Bacteriological Examination of Milk, 1960  
Examined under Milk (Special Designation) Regulations

Grade	Total No. Submitted	Total Test Void	Number Examined	Passed as satis- factory	No. which failed Me. Blue Test	% Satisfactory		
						1958	1959	1960
Tuberculin Tested (Farm Bottled) ..	27	—	27	27	—	83.3	100.0	100.0
Tuberculin Tested ..	549	3	546	520	26	93.0	95.2	95.3
(including 52 Channel Island Milks)								
Tuberculin Tested (Pasteurised) ..	84	12	72	70	2	100.0	100.0	97.3
Tuberculin Tested Channel Islands								
Pasteurised ..	10	1	9	9	—	100.0	100.0	100.0
Pasteurised ..	347	3	344	344	—	99.6	94.6	100.0
School Milk (Pasteurised) ..	56	—	56	56	—	100.0	98.5	100.0
Sterilised ..	104	—	104	104	—	100.0	100.0	100.0
Totals ..	1,177	19	1,158	1,130	28	95.8	95.9	98.9

TABLE L  
Samples of Milk examined by the Phosphatase Test, 1960

Dairy	No. Examined	No. Efficiently Pasteurised	% of Total Satisfactory, 1960	% Satisfactory in previous years		
				1959	1958	1957
No. 1 ..	252	252	100.0	100.0	100.0	100.0
No. 2 ..	252	252	100.0	100.0	100.0	100.0
No. 3 ..	252	252	100.0	100.0	100.0	100.0
No. 4 ..	252	252	100.0	100.0	100.0	100.0
No. 5 ..	252	252	100.0	100.0	99.6	100.0
Miscellaneous (mainly samples submitted for Bacteriological Tests) ..	244	244	100.0	100.0	100.0	100.0
Totals ..	1,504	1,504	100.0	100.0	99.9	100.0

## FOOD SAMPLES

The samples reported not genuine or otherwise unsatisfactory are listed in Table D(a). It will be seen that the reports given there cover a variety of offences of different degrees of seriousness, and under the "Action Taken" column rather more detailed reports have been given than in previous years. It will, therefore, not be necessary to deal further with most of the samples in that Table. One or two, however, call for a brief comment.

**Plum Jam No. 282.** This sample of jam put up in a sealed tin was submitted because the lid showed signs of corrosion. There was evidence of incipient fermentation of the contents and the soluble solids were slightly below the legal minimum of 65.0% no doubt due to loss of sugar by the fermentation process. Since this was the last jar of a Polish supply that remained in this particular shop no further action was warranted. It was no doubt old stock and to be purchased for analysis rather than to be eaten was evidently its allotted fate.

**Blackcurrant Jam No. 1155.** Being packed in a hermetically sealed can the minimum soluble solids expected was 65.0%. Analysis gave 64.2% and a mild warning was issued to the firm concerned. The explanation they offered was "Liquefaction of the sugar by the acid of the blackcurrants".

**Lemon Curd No. 2205.** Our analysis of this sample revealed one of the pitfalls to be anticipated when one attempts to generalise over the standard composition expected for certain particular articles of food. This sample contained only 57.7% soluble solids against the 65.0% required under the Food Standards (Preserves) Order, 1953. Nevertheless to offset this deficiency the sample was high in fat and the fat was all butter fat. It was in fact a home-made product, the recipe being formulated for a few discriminating customers, but under the principle of standards for mass-produced foods there seemed no legal place for an article of this quality although many people would consider it as above average. A further sample of lemon curd of another make, No. 1605, described as "All Butter Lemon Curd" was low in soluble solids (63.2%) but the fat content was 13.1% and consisted almost entirely of butter fat. The protein content was also appreciable, being 2.8% and was evidence of the inclusion of a good proportion of eggs in the recipe. Although the sample, therefore, failed on a technical point it was a significant fact that when an attempt was made to take a follow-up sample formally no supplies were available in the shop owing



to the heavy demand. In correspondence the maker explained that a mistake had been made in weighing out sugar for one batch and when the formal sample was finally obtained (No. 2224) the soluble solids of that supply were 64.0%.

**Marmalade No. 2204.** This also was a home-made product of better than average consistency and flavour but was technically at fault in that the soluble solids were only 58.0% against the legal required minimum of 68.5%. The maker was advised to increase the boiling time as far as possible consistent with leaving the flavour unspoiled.

**Dried Mint.** A number of samples of dried mint were received for examination and identified as unadulterated mint by microscopic examination. Using the nose alone one would never have guessed what the herb was supposed to be and the taste also was quite non-diagnostic. Since mint is purchased and used entirely for its characteristic flavour we reported these samples "Not of the quality expected". Deterioration on overlong storage was the simple explanation that came to light in due course and the outstanding stocks were destroyed.

**Flour No. 966.** The compulsory enrichment of white flour with creta praeparata (chalk to most people), iron and certain vitamins is one of the good legacies of the war, since this practice enables people to indulge their preference for white flour while still enjoying the nutritionally valuable trace elements and ingredients found in greater amount in 100% extraction flour. Uniform mixing on the large scale still appears to present manufacturing difficulties and though in the long run occasional deficiencies roughly balance errors in the other direction we have to judge individual samples on their merits. In this instance 530 p.p.m. of chalk had been added instead of an amount within the permitted range of 235 p.p.m. to 390 p.p.m.

A number of samples reported in Table D(a) were condemned because of the presence of foreign bodies and others because of labelling offences. These two types of complaint are dealt with in succeeding paragraphs.

## FOREIGN BODIES

A type of food adulteration which has received much publicity in recent years and is usually referred to by the phrase "Presence of foreign bodies" can be very objectionable to the actual would-be consumer, particularly if his first intimation of the existence of the "foreign body" is its appearance on the plate of food he is about to consume.

A newspaper report of a sample of food containing a "foreign body" may easily be worded in a sensational manner and, according to circumstances, the matter can indeed be horrifying or amusing.

To keep the subject in some sort of perspective it must be recorded that the experience of most Public Analysts is that "foreign bodies" are very seldom found in samples taken at random in the ordinary course of sampling—they are mostly drawn to our attention by prejudiced purchasers. While on the one hand it must be realised that many such samples short circuit the Public Analyst so that those we hear about represent only a fraction of those discovered, the total number encountered, including those handed back to the vendor or the manufacturer and those alas that are eaten inadvertently (when ignorance is indeed not necessarily bliss but we can at least hope a desirable alternative to grim knowledge of the facts!), must concern only a minute percentage of all units of food that are sold. It may be said in fact that almost the entire food supply is sampled by experts or by amateurs for "foreign bodies".

In my younger days I probably spared nothing in reporting some of our "finds" like the newt in the peas, the lizard in the sugar and the bandage in the bread, but on maturer reflection realise that perhaps it is kinder to draw a veil of discreet reticence over this sordid subject.

Table D(a) therefore contains for completeness a record of the samples we have condemned, including those by reason of the presence of "foreign bodies", and it is sufficient here to say quite briefly that our haul of specimens during 1960 included a feather found in a fish cake, dark material in a biscuit, dirt from a wet pavement and a coloured sweet paper wrapping respectively in two samples of pork sausage (the sample containing the sweet paper having been cooked), blobs of solder, pieces of string and dirty dough respectively in three samples of bread, charred farinaceous material in a cake, a nail in tea, a live grub in currants, rodent faeces on a custard pie, dirt of various kinds in milk bottles and a cigarette end between rashers of bacon. Under this heading also perhaps might be included the 90% of extraneous water found in a bottle of cider.

Shakespeare in *Midsummer Night's Dream*, V. i. 22, said "How easily is a bush supposed a bear" and it is a fact of experience that people usually imagine the worst. Dark specks in cakes and loaves are normally reported to us as mouse droppings as if no doubt existed, and it often happens that we can absolve the baker by demonstrating that the condemned speck is just charred material reasonably wholesome in character.

Harmless crystals of naturally occurring substances like potassium bitartrate in wine, struvite in canned salmon and shrimps, sugar crystals in condensed sweetened milk and phosphate crystals in processed cheese are always suspected by the public to be fragments of broken glass, although on testing they would be found to be soluble in the mouth. Even the gentleman who submitted the sample of watered cider said he would not have been so concerned had he been sure that the added water was clean but he rather suspected otherwise ! It was in fact public supply water left as rinsings in the bottling plant.

## LABELLING AND ADVERTISING

At the present time when nearly all our food as we buy it is prepacked—no doubt to the mutual advantage of both vendor and purchaser—a great deal of attention is being paid to suitability of packing, attractiveness of presentation and to the wording on the label. Quite understandably, the manufacturer has salesmanship in mind as a principal consideration in these increasingly important ancillary processes to food production and distribution, and the increase, if any, in the final net cost has to be borne by the purchaser.

Prepacking is all to the good, particularly with certain foods, ice cream, for instance, since it has become well recognised during the last few decades that food poisoning is now almost entirely of bacterial origin and very few cases of chemical poisoning occur. The Public Analyst has, therefore, to watch that in securing greater hygienic protection of decomposable foodstuffs innocuous materials are used so that unwarily we do not run into the alternative danger of introducing into the food poisonous substances such as formaldehyde and phenols and possibly lead from plastics, metallic contamination from food cans and broken glass from bottles and jars.

The Labelling of Food Order 1953 covers a very wide field and other Regulations controlling the labelling of certain specific articles, dried milk and ice cream for instance, give the consumer reasonable protection in the matter of labelling.

Advertising is now obviously a major profession and industry, and the ability of the purchaser to be misled by the wording of an advertisement is already curbed considerably by powers given under the Food and Drugs Act. Certain privileges, particularly of omission, are permitted to advertisers, however. For instance, they need not declare the ingredients, which would have to be done on the packet itself, and since the decision to buy is often made as a result of reading an advertisement and perhaps more particularly today on seeing it on television a stricter code of practice should be enforced as regards advertisements.



The following instances of faulty labelling and advertising occurred during the year :

**Marmalade No. 1179.** This was a brand of marmalade giving simply the name of the brand and the words "Fine Shred". The word "Marmalade" appeared nowhere on the label. The manufacturers accepted our complaint and said it was due to a mistake on the part of the printers who had been asked to delete the words "Special fruit standard" and had accidentally also deleted the word "Marmalade". All stocks of the faulty labels were said to have been destroyed on receipt of our letter.

A similar offence occurred in the case of another sample of Marmalade, No. 139, which had been made in small quantities on the premises of a local shop. We pointed out that although the marmalade was made for a restricted clientele the requirements under the law would have to be observed.

**Skimmed Milk No. 2010.** The carton in this case which contained a normal sample of skimmed milk powder was labelled on the front "Fat free Skimmed Milk". On a side panel it was described as "Dried Skimmed Milk—Not to be used for babies", but no surrounding line as required by the Regulations was included in the design. We criticised the labelling, stating that "Fat free Skimmed Milk" did not describe accurately an article which was essentially "Dried Skimmed Milk" or "Skimmed Milk Powder". The expression "Fat free" was redundant in any case as a description of Skimmed Milk and not strictly true, since there was in fact a very small amount of fat present. The packer agreed to amend his cartons.

**Chicken Breast No. 1925.** The article was described as "Chicken Breast" and analysis showed a total meat content of 86.8%. In the list of ingredients in small print "Stock and Gelatine" were included. We suggested that the correct designation for this article should be "Chicken Breast in Jelly" and if this were accepted there would be no complaint about the amount of meat content. We were prepared to accept 70% total meat in a sample described as "Chicken Breast in Jelly" but would have expected 95% in an article described as "Chicken Breast".

**Rich Cream British Sherry No. 2231.** The stipulated declaration of fruit basis and spirit content in this instance were not enclosed by a surrounding line. This seemed a small point to raise, but the bottler accepted our complaint and undertook to make good the deficiency.

This may appear to be a trivial point to the uninitiated and regarded by some people as an instance of bureaucratic hair-splitting. This is not so however. Before Regulations are given statutory effect they are drafted and amended as often as necessary during a period when all interested parties, including, of course, manufacturers and packers, have every opportunity of studying the proposals made and of making their criticisms or protests. All are free to express their agreement or otherwise and then to put forward further suggestions based on their own personal experience and particular point of view. As a result of this process it may finally be accepted that every provision made has some specific purpose behind it. There is no rough-shod riding, and what ultimately becomes the letter of the law is accepted possibly sometimes by a minority under mild protest as the spirit of the law. The absence of the surrounding line was accepted by the packer as fair grounds for comment on our part and he undertook in his next printing to comply with this perhaps not too small a point included in the Regulations governing the product he was selling.

A sample of Elderberry Wine was, in our opinion, defective in that on the same label where it was described as "Elderberry Wine" the fruit basis was declared to be exclusively grape juice. Our suggestion that the description be amended to "Elderberry flavour Wine" was accepted.

A sample submitted as "Cherry Wine", No. 2239, was also surprisingly declared to have a fruit basis exclusively grape juice. In this case the bottler undertook to describe the fruit basis as "Grape Juice and Cherry Juice".

### MISLEADING ADVERTISEMENT

A brand of Corn Oil was advertised in the national press for cooking purposes under the heading "New 'Fatless' way to Fry". In the body of the advertisement, the oil was said to be recommended by Doctors "especially in cases of heart trouble".

The heading itself was an ingenious phrase no doubt of enormous sales appeal to those interested in slimming, but we pointed out to the advertising firm that we considered it to be misleading in view of the chemical nature of vegetable oil.

The advertisement was withdrawn temporarily and reappeared later in a completely altered form with the phrase "Fat-less" and the reference to heart trouble omitted.



TABLE D(a). Food Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S448	Fish Cakes	..	..	Vendors interviewed and promised to see that more care is exercised in future in preparation of fish cakes
282	Jam (Plum)	..	Private A feather about 2½ in. long was present in one fish cake. Sample reported not of quality expected by purchaser The jam was undergoing incipient fermentation and there was corrosion on the metal cap. Soluble solids content slightly below the required 65%	Retailer interviewed. Only remaining jar of this type of jam, which was imported from Poland, taken off sale and destroyed
138	Lemon Curd	..	Informal Deficient of 10% of required soluble solids content. Contravened Labelling of Food Order, 1953	Vendor interviewed and advised regarding standards and correct labelling Follow-up samples taken later were satisfactory
2205	Lemon Curd	..	Formal Deficient of approximately 11.2% required minimum soluble solids content	
139	Marmalade	..	Informal Deficient of 14.9% of required soluble solids content. Contravened Labelling of Food Order, 1953	
2204	Marmalade	..	Formal Deficient of 15.3% approximately of required minimum soluble solids content	
S447	Meat Pie	..	Private Three small areas of mould (Penicillium) arising from fissures in pastry crust	Retailer interviewed and letter sent to manufacturers who are instituting a system of marking the price tickets to indicate actual date of manufacture of individual pies

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
576	Pickle	Informal	Inadequately labelled in that no list of ingredients was declared in accordance with the requirements of the Labelling of Food Order, 1953	Retailer interviewed. Action pending
S445	Rusk	Private	Rusk contained layer of darker material, probably portion of ingredient matter inefficiently incorporated in original dough	Letter sent to manufacturers who gave assurance that every step would be taken to prevent a recurrence
S444 165	Sausage (Pork) Vinegar	Private Informal	Superficially contaminated with dirt 0.46% salt present; not declared on label	Wholesale distributor advised Letter sent to retailers who agreed to have existing stock of labels overprinted with the words 'with salt'
S457	Bread	Private	Sample consisted of two slices of bread; each contained a fragment of solder. In one case the solder was near the surface crust and was still firmly embedded in the bread. The surface was bright due to abrasion by slicing knife. The other fragment was loosely present in the crumb of the other slice and contained scoring marks, presumably made by a slicing knife	Letter sent to Bakery and subsequently the Sales Manager was interviewed. An assurance was given that "there is no possibility of this type of complaint occurring in the future"
S450	Cake	Private	Jet black object embedded in cake crumb. Examination indicated that this was a mass of charred farinaceous material which did not render cake inedible	Charred material shown to Bakery Manager. A piece of charred cake had been left on one of the trays on which layers of cake were baked. An apology had been made to the customer and firm was cautioned

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
966	Flour .. ..	Informal	Sample contained an excess of approximately 35.9% creta praeparata over maximum amount permitted by The Flour (Composition) Regulations, 1956	Two further samples taken from flour which had been thoroughly mixed in the mechanical sieve at the Bakery gave satisfactory analyses
1155	Jam (Blackcurrant) ..	Informal	Jam, when packed in a hermetically sealed container, is required to contain not less than 65% of soluble solids, whereas sample contained only 64.2% of soluble solids and was, therefore, deficient of approximately 1.2% of required minimum	Action pending until further samples have been examined.
2215	Mint (Dried) .. ..	Formal	Sample lacked essential odour of mint and had deteriorated due to overlong storage	Letter sent to Vendors and as a result remaining stock withdrawn from sale
851 968 970 971	Mint (Dried) .. ..	Informal	Samples lacked essential odour of mint and had deteriorated due to overlong storage	Manager of shop from where sample 851 was purchased was interviewed and remaining stock destroyed. Manager in charge of Grocery Dept. from where samples 968, 970 and 971 were purchased was interviewed. Matter will be investigated and in the meantime all remaining stocks of dried herbs will be withdrawn from sale from all grocery branches of the Company

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S465	Bread (French) ..	Private	Complaint was presence of foreign material, there being two inclusions of black material which gave the bread an unappetising appearance. Microscopic examination revealed these dark portions to be charred dough presumably from a previous batch of bread. Although sample was probably edible it was not of quality demanded by purchaser	Bakery has been visited and General Manager interviewed. An apology has been made to complainant
1925	Chicken Breast ..	Informal	No legal standard exists at present for products sold under an unqualified name such as 'Chicken Breast'. They should reasonably contain not less than 95% of the designated meat, whereas sample only contained 86.8% of total meat. On this basis sample was deficient of approximately 8.6% of the desired meat content. Alternatively, since 'stock and gelatine' appear in the declared list of ingredients the product could be said to be misdescribed as 'Chicken Breast', the appropriate designation being 'Chicken Breast in Jelly'. The product would then satisfy the desired meat content of such a product, namely 70% total meat	Letter sent to Packers. Present sample had been packed for some time since when steps had been taken to adjust description on label

TABLE D(a)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1733	Currants (Dried) ..	Informal	Sample was a normal specimen of dried currants but the presence of a live grub rendered it not of quality expected by consumer	Shop from which this sample was purchased has been inspected and stocks of dried fruit were found to be free from larvae infestation
S462	Custard Pie ..	Private	On the surface of the custard of the portion of pie submitted were two dark coloured spindle-shaped objects, each approximately $\frac{1}{4}$ in. in length. Microscopical examination revealed rodent hairs and partially digested vegetable matter characteristic of rodent excrement. Sample, therefore, unfit for human consumption	Reported to the Public Health Officer
S456	Tea ..	Private	Sample consisted of a 1 in. ferrous nail and an empty $\frac{1}{4}$ lb. tea packet. Nail was alleged to have been present in tea when purchased	Letter sent to vendors asking for an explanation. Everything possible would be done in future to guard against a similar occurrence
1605	All Butter Lemon Curd ..	Informal	The Food Standards (Preserves) Regulations, 1953, requires lemon curd to contain not less than 65% of soluble solids, whereas the sample only contained 63.2% of soluble solids, a deficiency of approximately 2.7% of required minimum	Following the taking of this sample the formal sample No. 2224 was taken



TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2224	All Butter Lemon Curd ..	Formal	The slight deficiency (1.0%) of soluble solids in this sample was a minor technical infringement of the Regulations	Letter sent to manufacturers and a Director of the firm was interviewed. It is believed that the low soluble solids figure of this particular batch was due to a mistake in weighing the sugar. Firm are particularly concerned as they are endeavouring to market a high-class product
S463	Bread (foreign matter in) ..	Private	Sample consisted of four pieces of stringlike material varying in length from 1 in. to 2 in. approximately. Starchy matter adherent to the string confirmed the allegation that the material had been baked in a loaf, three pieces apparently on the surface and one completely embedded in the dough. Microscopical examination revealed that the material consisted of jute fibres which, while not necessarily harmful, rendered the loaf in which their presence occurred not of quality expected by purchaser.	Owner of business from which bread was purchased and also owner of bakery interviewed. An apology had been made to complainant and without doubt more care will be exercised in future

TABLE D(a)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1479	Marmalade .. ..	Informal	The label on jar containing sample was deficient of an essential statement required under the Labelling of Food Order, 1953, in that the word 'Marmalade' did not occur. Order requires 'common or usual' name to be printed on label, whereas only form of description was limited to 'Blank's-Farm Products-Fine Shred'	Letter sent to manufacturers and in view of error on label all stocks of labels which have had 'Marmalade' incorrectly obliterated have been destroyed
1441	Pork Sausage .. ..	Informal	Sample contained undeclared sulphur dioxide preservative	A notice declaring that preservative was used in the sausage sold in the shop was available but not on display. A verbal and written warning has been given to the vendor that this notice must be displayed at all times in the future
S471	Milk retailed in an imperfectly washed bottle	Private	One side of the bottle and part of the base on the internal surface showed a brown patch of foreign material. This material was mainly structureless but contained gritty matter and particles resembling very fine sand	This matter was taken up with the Dairy concerned. They are tackling the misused milk bottle problem in all possible ways and will renew their efforts to combat the problem. An apology has been made to customer

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2416 (S477)	Bottle of T.T. Pasteurised Milk	Private	On the internal surface of the bottle were patches of dark material clearly visible. Microscopic examination indicated that this material was wind blown dust containing particles of flue ash	Matter taken up with the Dairy concerned and they are making all reasonable efforts to combat the problem of dirty milk bottles
PA25 (S472)	Bacon .. ..	Private	Sample consisted of two large rashers of bacon $\frac{3}{4}$ in. thick and about 11 in. long by 4 in. wide. In the fold of the upper rasher a mass of light coloured cigarette tobacco mostly unsmoked but containing a number of charred shreds was visible, also a portion of cigarette paper about 1 in. long and charred along the whole length of one edge.	This sale took place in the Billesdon R.D. area and the bacon and information have been passed on to the Chief Public Health Inspector of that Authority for action
S469	Cider .. ..	Private	The sample was an almost colourless liquid quite unlike a normal sample of cider and containing suspended matter which was identified as consisting of small clumps of yeast plant. The sample was identified as consisting of approximately 92% water and 8% cider	Proprietor of off-licence from where sample was purchased was interviewed and he immediately informed manufacturers who recalled remaining stock of cider from that shop. Investigation showed that a genuine mistake had occurred and letter of apology was sent to purchaser

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S473	Empty Milk Bottle ..	Private	The foreign material which led to the submission of this bottle appeared to be charred carbonaceous organic material which had a honeycombed appearance, presumably having yielded up some soluble matter during the progress of the bottle through the bottle-washing plant	Dairy Manager interviewed and suitable apology sent to customer
S478	Blank's Special Lemonade ..	Private	Sample, instead of being clear and bright, was of a pale amber colour and was of turbid appearance. No toxic substances (acids, alkaloids or metals) were detected, but the presence of alcohol and yeasts indicated that the product was in the process of fermentation	The Head Brewer and Mineral Water Plant Manager had been interviewed and the process of manufacture inspected
S476	Sausage .. ..	Private	The sausage had been cooked and on cutting a fragment of striped paper was revealed embedded in the sausage meat. The paper was printed in blue and red stripes and some of the red colouring matter had seeped out into the adjacent sausage meat	Pork Factory visited and Manager interviewed. The staff engaged on the manufacture of sausages have also been interviewed. Strict instructions had been issued that care must be taken with sweet wrappers and the staff were all warned again. An apology has been made to customer

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2010	Skimmed Milk ..	Informal	On the front of the carton the sample was described as 'Fat-Free Skimmed Milk'. In my opinion this does not describe the article correctly. The sample was essentially 'Dried Skimmed Milk' or 'Skimmed Milk Powder' and the expression 'Fat-Free' is not only redundant in relation to Dried Skimmed Milk but is not strictly true in view of the presence of a trace of butter fat in the sample. Neither was there any surrounding line enclosing the declaration as required in the Public Health (Dried Milk) Regulations	Observations were asked for from producers and a letter was received from them stating that the necessary amendments were being made to the next supply of cartons
2231	Blank's Rich Cream British Sherry	Formal	The labelling on this sample was not in complete conformity with the requirements of the Labelling of Food Order, 1953, in that the stipulated declaration of fruit basis and proof spirit content was not enclosed by a surrounding line	The firm concerned agreed to put the surrounding line on future labels in accordance with the requirements of the Order
2236	Blank's Orange Wine ..	Formal	The sample was deficient of approximately 3.8% of the declared minimum proof spirit content	The firm agreed to amend their declaration in accordance with actual proof spirit content
2238	Blank's Cowslip Wine ..	Formal	The sample was deficient of approximately 2.6% of the declared minimum proof spirit content	The firm agreed to amend their declaration in accordance with actual proof spirit content



TABLE D(a)—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2239	Blank's Cherry Wine ..	Formal	The sample was labelled 'Cherry Wine Fruit basis exclusively grape juice. Not less than 26.5% proof spirit'. In view of the fact that the fruit basis is exclusively grape juice the article is mis-named and should more properly be called 'Cherry flavoured Wine'. The sample was also deficient of approximately 1.9% of the declared minimum amount of proof spirit	The bottling firm submitted an amended label which we accepted as satisfactory
2240	Blank's Ginger Wine ..	Formal	Sample was deficient of approximately 7.5% of the declared minimum proof spirit content	The strength of the wine had been reduced without necessary alteration being made to the label. The firm undertook to correct the label forthwith
2237	Blank's Elderberry Wine ..	Formal	The labelling was defective in that the sample was described as 'Elderberry Wine' at the same time that the claim was made that the fruit basis was exclusively grape juice. The sample should more properly be called 'Elderberry flavour Wine'	The bottling firm submitted an amended label which we accepted as satisfactory

## DRUGS

In the purchase of any commodity there must be a certain amount of faith on the part of the purchaser that he is indeed receiving the substance or preparation for which he asked. In no other case is this more true than in the case of drugs. Some drugs may deteriorate on storage, others may have their official composition changed on the publication of new editions of the official formularies. It is the duty of the pharmacist to note such changes both of alteration of official standards and directions for storage, etc., and where possible to observe visible signs of deterioration which might have occurred in his products. Many of the instances of faulty pharmaceutical preparations detailed below are of this nature, and in some cases the less obvious deficiencies have resulted in the wholesaler having his stocks replaced by the original importer. Thus the findings of the Public Analyst though condemnatory to the sample can often be of help to vendors of pharmaceuticals who have regard for the efficiency of what is an important public service—the dispensing of medicines of correct potency.

### **Boric Acid Ointment, Sample No. 655**

Not since the Sixth Addendum of the 1932 British Pharmacopoeia which became official 1st August, 1943, has boric acid ointment been required to contain 10% of boric acid. It was, therefore, somewhat surprising that in 1960 a specimen of this obsolete formulation should turn up during random sampling. Boric Acid Ointment is now required to contain only 1% of boric acid. The pharmacist stated that being temporarily out of stock this old specimen was sold purely to oblige a customer and with the full knowledge that it was of the higher strength but he stated that “You may be assured in future only the strength official in the current B.P. will be sold”.

### **Halibut Liver Oil Capsules, Informal Sample No. 1949, Formal Sample No. 2226**

Since the date of operation of the 1955 Addendum of the B.P. 1953 it has been necessary to declare date of manufacture on labels of Halibut Liver Oil Capsules and to store them in a cool place protected from the light. Under such conditions this preparation will retain potency for at least three years. The above two samples were purchased from the same premises and were packed in clear (i.e. not amber) glass bottles; in neither instance was the date of manufacture indicated on the label. Informal sample No. 1949 and its formal follow-up sample No. 2226 were both deficient and contained only 3,325 I.U's of Vitamin A per

capsule instead of between 3,750 and 5,250 I.U's as officially required. It was evident that the samples were old stock having been packed prior to 1955. A penalty of £10 was imposed on the vendor by the Magistrates' Court.

### **Almond Oil, Sample No. 70**

This sample had an acid value of 5.5 whereas the British Pharmacopoeia specifies a maximum of 2.0 for almond oil. This finding resulted in the wholesaler returning his stocks in which the fault was confirmed to the importers.

### **Baby Cream, Samples Nos. 1586 and 2221**

The original informal sample (No. 1586) and the subsequent follow-up formal sample (No. 2221) were found to be identical upon analysis containing 14.2% of zinc oxide and 0.90% salicylic acid. These were both deficient, the declared formula claiming 19.05% of zinc oxide and 2.38% of salicylic acid.

The principal of the firm marketing the product was interviewed and revealed that the product made according to the declared formula was too stiff for the market supplied and had been modified by the addition of a proportion of liquid paraffin thus reducing the zinc oxide to 15.1% and the salicylic acid to 1.9%. This analysis still did not agree with this formula and it was agreed to submit a sample of a recently prepared batch (sample M2693). This contained 14.3% zinc oxide and 1.2% salicylic acid and was, therefore, again unsatisfactory.

Due to these discrepancies the firm were again interviewed regarding their methods of manufacture. This revealed possibilities of inefficient mixing and a further sample consisting of eight tubes selected at random from stock was submitted. Analysis of the combined sample gave zinc oxide 13.9% and salicylic acid 1.7%. At the same time a sample compounded to the original formula but with a modified base was submitted. This assayed out at zinc oxide 19.3% and salicylic acid 2.3%—figures which could be accepted as conforming to the declared formula within manufacturing tolerance. It was stated that this latter formula would be used in future, enabling the manufacturers to retain and use their large stock of printed tubes and cartons.

### **Influenza Mixture, Informal Sample No. 215**

The sample was compounded within reasonable limits of commercial accuracy in conformity with the declared quantitative formula. The

formula was, however, ambiguous in that it declared "Pot. Chlor." as one of the ingredients. "Pot. Chlor." is not an official abbreviation and could be used to designate either potassium chloride or potassium chlorate, two entirely different substances. The mixture was found to contain potassium chlorate, the official abbreviation for which is Pot. Chloras. The pharmacist agreed to rectify the label by overprinting the abbreviation "Pot. Chlor." by the official abbreviation "Pot. Chloras".

#### **Petroleum Jelly, Sample No. S470**

A member of the public submitted this sample with the comment that it contained fragments of glass. By melting and filtering the whole sample a few fragments of glass were obtained. We condemned the sample stating that it was not of the quality expected by the customer. Small glass fragments are possibly more objectionable in a preparation applied externally by rubbing than in one taken internally.

#### **Spirit of Sal Volatile, Informal Sample No. 126**

Spirits of Sal Volatile being an alcoholic solution of essential oils, ammonia and ammonium carbonate is a difficult preparation to store even for a comparatively short period since its ammoniacal and alcoholic contents rapidly diminish unless stored in ground-glass stoppered bottles. The above sample was an example of such deterioration, the free ammonia content being only 0.3% instead of the minimum required (B.P.C. 1959) of 1.12%. The pharmacist withdrew the remainder of his stock.

#### **Aspirin, Phenacetin and Caffeine Tablets, Informal Sample No. 885**

The sample was satisfactory regarding aspirin and caffeine contents but contained only 0.140 gram of Phenacetin per tablet instead of between 0.154 and 0.170 grams per tablet as required by the British Pharmaceutical Codex 1959 ; this representing a deficiency of about 9%. A formal sample was obtained but these were found to be from a new stock and proved to be satisfactory, the original faulty stock having been sold out.



TABLE D(b). Drug Samples reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
70	Almond Oil ..	Informal	Acid value was 5.5 which is in excess of required amount of 2.0	Wholesaler advised and stock replaced
655	Boracic Ointment ..	Informal	Contained an excess of 860% of required boric acid content	Pharmacist interviewed. Sample proved to be remainder of wartime stock
215	Cold and Flu Mixture ..	Informal	The formula was ambiguous in that it declared "Pot. Chlor." as one of the ingredients. "Pot. Chlor." is not an official abbreviation and could be used to designate either potassium chlorate or potassium chloride	Pharmacist in charge of shop interviewed. Pending new stock of labels, existing labels will be altered to read "Pot. Chloras"
126	Sal Volatile ..	Informal	Sample deficient of approximately 73% of minimum required amount of free ammonia and approximately 24.6% of minimum required amount of ammonium carbonate. Wt./mill. was 0.906 grams which is in excess of permitted maximum	Pharmacist interviewed and remainder of stock returned to wholesaler
885	A.P.C. Tablets ..	Informal	Each tablet contained only 0.14 grams of Phenacetin whereas the B.P. Codex requires each tablet to contain not less than 0.154 grams of Phenacetin	Formal sample has been taken



TABLE D(b)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1586 2221	Antiseptic Baby Cream .. Antiseptic Baby Cream ..	Informal Formal	Samples were declared to contain 19.05% of zinc oxide and 2.38% of salicylic acid, whereas on analysis only 14.2% of zinc oxide and 0.9% of salicylic were found. They were therefore deficient of approximately 25.5% of declared zinc oxide content and approximately 62% of declared salicylic acid content	Directors of the manufacturers interviewed. They revised formula and submitted further samples. The material was made mainly for export only
1949	Halibut Oil Capsules (Sic) ..	Informal	Sample deficient of approximately 11.3% of minimum required Vitamin A activity. No date of preparation appeared on label as required by the B.P.	Vendor was interviewed and stated that capsules were very old stock and there were no more of this particular brand on the premises. He expressed his regret and said he had not realised that the capsules had deteriorated in vitamin content. He also expressed his regret at the incorrect labelling of containers and promised to be more careful in future

TABLE D(b)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2226	Halibut Liver Oil Capsules ..	Formal	The British Pharmacopoeia requires Halibut Liver Oil capsules to contain between 3,750 and 5,250 units of Vitamin A activity whereas sample contained only 3,325 units of Vitamin A activity. Sample was therefore deficient of approximately 11.3% of required minimum Vitamin A activity	Prosecution recommended. Conviction obtained. Fined £10
1990	Halibut Liver Oil Capsules ..	Informal	The date of preparation was omitted from the label on this sample	Vendor has now withdrawn all stocks of halibut oil capsules from stock and expressed his regret at the incorrect labelling of container
S470	White Petroleum Jelly ..	Private	As a result of information received, the sample was examined closely for glass particles. These were not visibly present but by melting and decanting the whole sample two or three very minute specks of glass were separated	Letter sent to wholesalers asking for details of packer or manufacturer. They stated investigations were being put in hand to determine cause of complaint

## SWIMMING BATH WATERS

We still have five swimming pools owned by the Corporation and the particulars are given in the Table below. There are, in addition, two privately owned pools which are available to the public during the summer months and are sampled as necessary during that period. The results are given in Table F and obviously reflect great credit on the people responsible for the quality of the water.

Our only criticism concerned the high level of residual chlorine on some occasions, but it has been explained in previous reports that within reason this is regarded as a "good fault". With the constantly varying load to which the pools are subject constant uniform regulation is impossible; when a large influx of bathers is anticipated, as for instance when a succession of classes of school children is expected, a build-up of chlorine in the water has to be created. This will temporarily be higher than the optimum amount but normally the excess is soon deviated when the bathers enter the water.

Name of Bath	Source of Water	Method of Treatment	Frequency of Changing Water
1. Vestry Street .. Large Bath	Well	Continuous circulation Alum flocculation Sand filtration Chlorination and adjustment with soda ash for pH	Emptied completely once per year—topped up regularly
2. Vestry Street .. Small Bath	Well	Ditto	Ditto
3. Aylestone and Knighton	City Supply	Ditto	Every five years
4. Belgrave ..	Well	Ditto	Once per season
5. West Humberstone	Well	Ditto	Once per season

TABLE F. Swimming Bath Waters Examined during 1960

Bath	Number Examined	Number having satisfactory bacteriological quality	E. Coli too numerous or total count more than 1,000 per ml.	Number in which Chlorine dose was of higher concentration than desirable	Number in which Chlorine dose was of lower concentration than desirable	Number in which pH was too low	% passed as bacteriologically satisfactory
Aylestone ..	17	17	-	1	-	-	100
Cossington Street ..	9	9	-	1	-	-	100
Spence Street ..	9	9	-	3	-	-	100
Vestry Street ..	31	31	-	7	-	-	100
Wyggeston Boys School ..	5	5	-	-	1	-	100
TOTAL (Corporation Baths)	71	71	-	12	1	-	100
Humberstone Lido ..	14	14	-	-	3	3	100
Kenwood Pool ..	15	15	-	-	1	-	100
TOTAL (All Baths)	100	100	-	12	5	3	100

## FERTILISERS AND FEEDING STUFFS

Of the 51 samples examined under the Fertilisers and Feeding Stuffs Act during 1960 one feeding stuff and six fertilisers were criticised for inaccuracy of composition outside the appropriate permitted limits, but only in the case of the feeding stuff, a sample of dried blood and one of hoof and horn meal was this variation considered to be to the prejudice of the purchaser. In one case only was the variation grossly incorrect. In this instance a sample of Steamed Bone Flour contained 4.4% of phosphoric acid in excess of the 27.5% declared. This particular sample was also the only one where the declaration of analysis was not in the prescribed form as set out in the first schedule of the Fertilisers and Feeding Stuffs Regulations, 1960. This requires that in the case of Steamed Bone Flour the contents of nitrogen and phosphoric acid must be specified as nitrogen ( $N_2$ ) and phosphoric acid anhydride ( $P_2O_5$ ) respectively, whereas they were erroneously declared in terms of ammonia ( $NH_3$ ) and "Tri. Cal. Phos.". A sample of this same brand of Steamed Bone Flour had previously been examined for the Weights and Measures Department due to an alleged deficiency in the weight of a package—only 3 lb. being found in a bag labelled  $3\frac{1}{2}$  lb. The sample was found to be extremely hygroscopic and lost or absorbed moisture to a remarkable extent (from 4.0% to 26.0%) according to the humidity conditions under which it was stored. It was undoubtedly this extraordinary property of the Steamed Bone Flour which resulted in the loss of weight, a supposition which was supported by the analytical results. In the condition in which we received the sample the percentages of nitrogen and phosphoric acid were high but the moisture content was only 8.0%. Then assuming a further pick-up of 16.6% water, sufficient in fact to restore the 3 lb. received to be  $3\frac{1}{2}$  lb. as declared, the calculated percentages of nitrogen and phosphoric acid in the material of higher water content corresponded closely to the figures declared in the statutory statement. Nevertheless, a conviction was obtained under the Weights and Measures Act against the wholesaler.

The samples examined during the year are itemised in Table G.



**TABLE G. Fertilisers and Feeding Stuffs Analysed in connection with the Fertilisers and Feeding Stuffs Act during 1960**

Sample	Number examined	Number Satis- factory	Number Unsatisfactory		
			Compo- sition Incorrect	Statutory Declara- tion Defective	Total Unsatis- factory
<b>Fertilizers :</b>					
Bone Meal .. ..	1	1	—	—	—
Compound Fertilizer ..	8	7	1	—	1
Dried Blood .. ..	3	2	1	—	1
Hoof and Horn Meal ..	3	2	1	—	1
Hydrated Lime .. ..	1	1	—	—	—
Lawn Dressing .. ..	1	1	—	—	—
Nitro Chalk .. ..	1	1	—	—	—
Steamed Bone Meal ..	2	1	1	—	1
Sulphate of Ammonia ..	4	4	—	—	—
Sulphate of Potash ..	4	4	—	—	—
Superphosphate of Lime ..	5	3	2	—	2
<b>Feeding Stuffs :</b>					
Baby Chick Mash .. ..	1	1	—	—	—
Chick Pellets .. ..	1	1	—	—	—
Coarse Dairy Mixture ..	1	1	—	—	—
Dairy Nuts .. ..	2	1	1	—	1
Grain Balancer Mash ..	1	1	—	—	—
Grain Balancer Meal ..	1	1	—	—	—
Grain Balancer Nuts ..	1	1	—	—	—
Growers' Mash .. ..	3	3	—	—	—
Layers' Mash .. ..	2	2	—	—	—
Pig Fattening Mash ..	1	1	—	—	—
Poultry Fattening Mash ..	1	1	—	—	—
Rearer Pellets .. ..	1	1	—	—	—
Sow and Weaner Meal ..	1	1	—	—	—
Super Layers' Mash ..	1	1	—	—	—
Total ..	51	44	7	—	7

<b>Private Samples—Fertilisers and Feeding Stuffs :</b>					
Sample				Number examined	
Sow and Weaner Meal .. ..	..	..	..	2	
Pig Fattening Meal .. ..	..	..	..	2	
Dairy Nuts .. ..	..	..	..	2	
Steamed Bone Flour Fertilizer ..	..	..	..	1	
Total ..	..	..	..	7	

Tables H, I, J and K are self-explanatory. To give details of individual samples would make the Report too long and some of the samples are in any case referred to in other parts of the Report. Only two items will be referred to here.

### **Daily Samples of City Supply Water**

In addition to the water samples sent in by the Water Engineer (see Table W) we take five samples a week at our own premises as an independent check. Any abnormality that might arise would by this means become known to us with a minimum of delay and the information could be communicated to the Water Department.

Just as practically the whole food supply is sampled unconsciously by the consuming public for foreign bodies so is the water supply available for criticism by ratepayers, at least in respect of taste, odour and colour. This point has been enlarged upon in previous Reports and I only repeat now that all complaints are investigated immediately.

### **Coke**

The coke sample included in Table H was analysed for water content on behalf of the Weights and Measures Department. It requires little imagination to appreciate that water as an additive, accidental or otherwise, to coke is no asset from the point of view of calorific value. Any water present over and above a normal amount is, therefore, a worthless ingredient for which the purchaser is charged the price of coke. I am not aware that the deliberate addition of water to coke is ever practised, but it is obvious that suspicions may arise at times and that the water content of any sample could be of very great interest.

TABLE H

**Miscellaneous Samples examined for various  
Corporation Departments**

<b>Health Department</b>		<b>Central Purchasing Office</b>	
<b>Atmospheric Pollution Investigation :</b>		Cleansing Paste ..	2
Lead Peroxide Cylinders	60	Margarine .. ..	2
Rain Waters ..	36	Anti-freeze .. ..	1
Daily volumetric smoke and sulphur dioxide recordings ..	2,844	Disinfectant .. ..	2
	— 2,940		— 7
		<b>Weights and Measures Department</b>	
Waters (Chemical) ..	14	Fertiliser .. ..	1
<b>Miscellaneous :</b>		Coke .. ..	1
Bacon Rind ..	1		— 2
Bath Waters ..	101	<b>Education Supplies Department</b>	
Bottle washing deter- gent solution ..	1	Cream (Imitation) ..	1
Corned Beef ..	1	Jam .. ..	1
Daily Samples of City Water Supply ..	251		— 2
Dried Milk Powder ..	1	<b>Welfare Department</b>	
Grit .. ..	2	Cement and Sand Floor	
Rag Flock .. ..	4	Screed .. ..	1
Sewage Samples ..	5		
Stream Samples (Chem.) ..	5		
Stream Samples (Bac.)	4		
Water from Deposit Gauge .. ..	1 377		
	—	Total .. ..	— 3,343

**TABLE I**  
**Miscellaneous Samples submitted privately by the Public**

Article	No.	Article	No.
<b>Foods, Drugs and Beverages :</b>		<b>Miscellaneous :</b>	
Carton of Milk .. ..	1	Anti-freeze .. ..	1
Crab Apple Jelly .. ..	1	Atmospheric Deposit .. ..	1
Cream (Imitation) .. ..	1	Cement and Sand Floor Screed .. ..	1
Flour .. ..	3	Cleansing Paste .. ..	2
Grapefruit Drink .. ..	1	Coke .. ..	1
Jam .. ..	1	Disinfectant .. ..	2
Lemonade .. ..	2	Effluents .. ..	2
Margarine .. ..	2	Feeding Stuffs .. ..	6
Milk .. ..	1	Fertilizer .. ..	1
Mincemeat .. ..	1	Leaves .. ..	1
Plums .. ..	1	Petrol and Oil Mixture .. ..	1
Sausage .. ..	1	Rain Water .. ..	1
Suet .. ..	1	River Water .. ..	1
Children's Cough Syrup .. ..	1	Silt .. ..	2
Antiseptic Baby Cream .. ..	3	Soil .. ..	3
		Waters (Chemical) .. ..	56
		Total .. ..	103

**TABLE J**  
**Samples submitted by Members of the Public under**  
**Food and Drugs Act**

Article	No.	Article	No.
Bacon .. ..	1	Marmalade .. ..	1
Beetle (ex bread) .. ..	1	Meat Pie .. ..	1
Bottled Beer .. ..	2	Meat from Turkey Pie .. ..	1
Bottles of Milk .. ..	2	Milk .. ..	1
Bread .. ..	3	Milk Bread .. ..	1
Cake .. ..	1	Orange Cordial .. ..	1
Cider .. ..	1	Petroleum Jelly .. ..	1
Cucumber .. ..	1	Pork Sausage .. ..	3
Custard Pie .. ..	1	Rusk .. ..	1
Dirty Milk Bottle .. ..	1	Sherry Residue .. ..	1
Fish Cakes .. ..	2	Sugar .. ..	1
Foreign Body in Malt .. ..	1	Tarragona Wine .. ..	1
Grapefruit (Canned) .. ..	1	Tea .. ..	1
Halibut Liver Oil .. ..	1		—
Ham Sandwich .. ..	1	Total .. ..	36
Lemonade .. ..	1		—

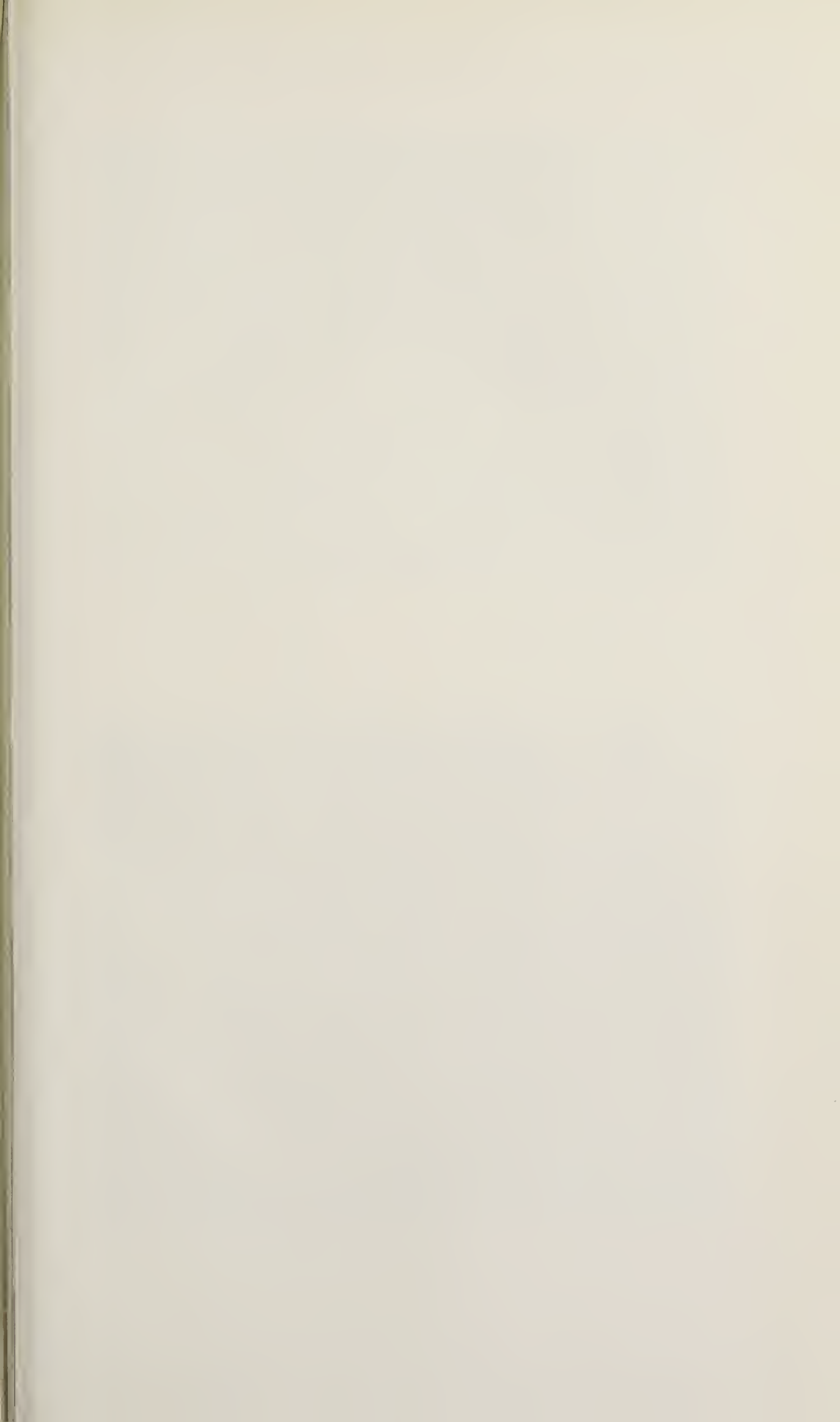
**TABLE K**  
**Summary of Samples examined by Bacteriological Methods**  
**during 1960**

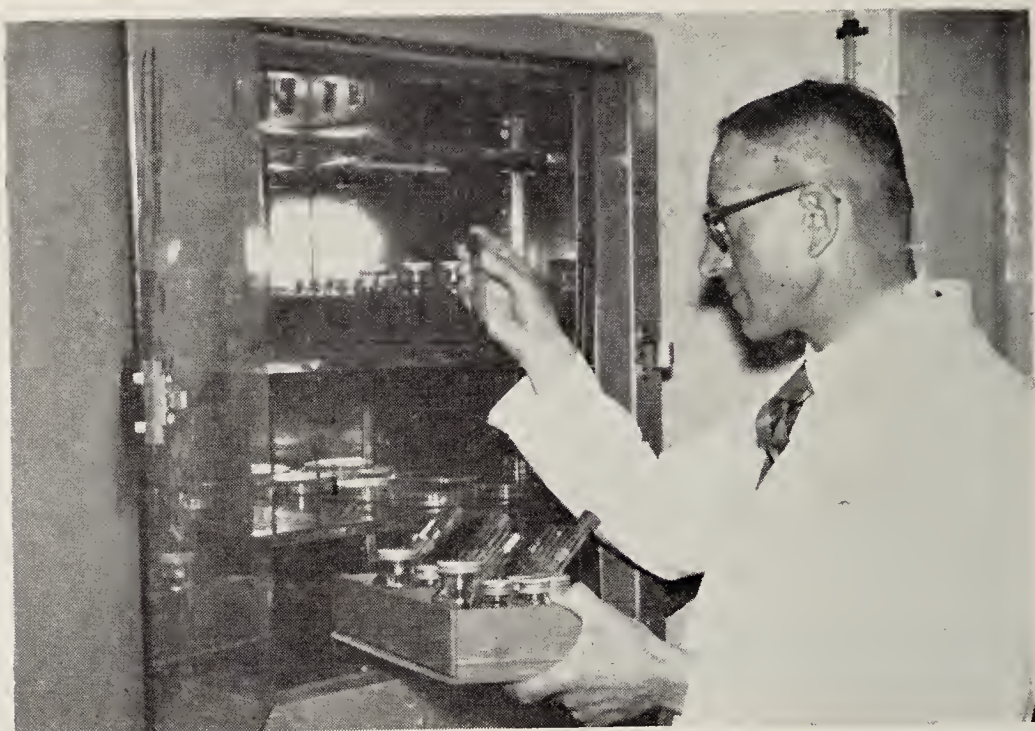
Milk	..	..	..	..	..	..	1,121
Pasteurised Milk supplied to Schools	..	..	..	..	..	..	56
Washed Milk Bottles (Estimation of Cleanliness)	..	..	..	..	..	..	282
Milk Cartons	..	..	..	..	..	..	12
Waters (for Water Committee)	..	..	..	..	..	..	2,195
Waters (for daily examination of the domestic water supply)	..	..	..	..	..	..	251
Swimming Bath Waters	..	..	..	..	..	..	101
Shellfish	..	..	..	..	..	..	13
Total							4,031

**TABLE N**  
**Ice Cream Samples**

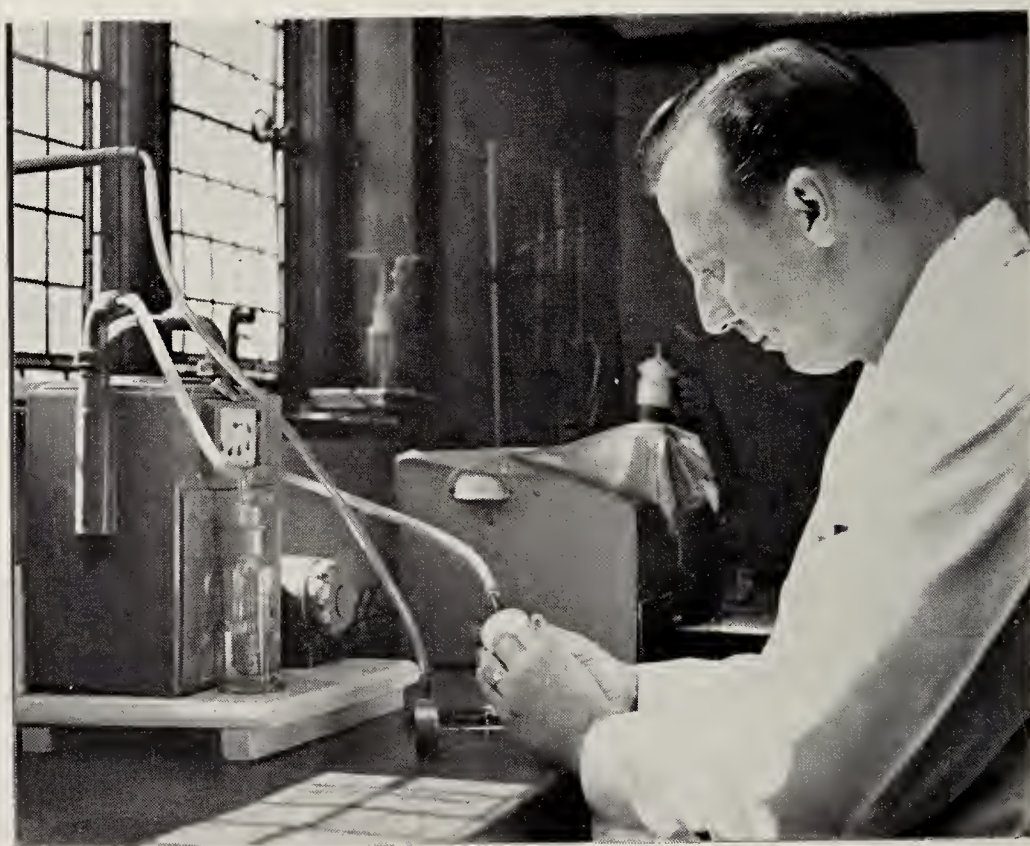
Year	Fat Average %	Milk Solids Average %	Sucrose Average %	Total Solids Average %	No. of samples examined
1951 ..	9.3	10.6	13.2	—	167
1952 ..	8.8	8.8	13.0	—	110
1953 ..	8.8	9.4	10.4	—	216
1954 ..	8.7	10.5	14.4	—	77
1955 ..	9.1	10.8	13.5	—	66
1956 ..	9.8	11.7	12.7	—	51
1957 ..	9.5	11.3	13.4	—	49
1958 ..	9.4	11.2	—	35.1	45
1959 ..	9.3	11.2	—	34.9	39
1960 ..	8.7	11.1	—	35.6	42







*Examining Leicester drinking water for bacteriological safety.*



*Measuring smoke and sulphur impurities in the atmosphere.*

## WATER

The water supply available to our local community is of primary importance from the point of view of health and economic welfare. The Water Engineer is responsible for quantity, quality and pressure, but the assessment of the quality of the supply at different stages of treatment, and particularly in its final state as supplied for consumption, has always been the concern of this Department. To this end, we work in close collaboration with the Engineer and his staff.

The number of samples taken annually during the last ten years is given below. The figures are interesting and require some explanation :

Year		Number of Samples	
1951	..	..	517
1952	..	..	961
1953	..	..	3,629
1954	..	..	3,614
1955	..	..	3,929
1956	..	..	3,486
1957	..	..	3,103
1958	..	..	3,728
1959	..	..	4,731
1960	..	..	4,814

Previous to 1953 fairly comprehensive analyses were carried out on all samples received and payment for our services was made roughly on the basis of the amount of bench work involved.

In 1953 it was mutually agreed by the Water Engineer and myself that an insufficient number of samples was being examined to give adequate coverage of the various hazards to which a water supply is liable, and since the economics of the work involved were a factor to be watched it was decided to examine an increased number of samples so that at any given time we should have a more up-to-date picture of the condition of the different local supplies, but to carry out partial analyses only on many individual samples.

In March, 1954, we moved into the premises we now occupy and though it was only possible to make a slight increase in the accommodation allocated to water examination we considered that the improvement achieved was sufficient to meet the new conditions. It happened also in 1954 that the many years of exploratory work in searching for further supplies came to an end when the River Dove Scheme was



approved by the Ministry of Housing and Local Government, and we were thus able to mark time on that section of the work.

On the score of economy sampling was kept down to an absolute minimum during the next few years consistent with guaranteeing the safety of the final water supplied to consumers, but a good deal of miscellaneous experimental work became necessary on bench and pilot plant scale in connection with the changeover from slow sand filtration to flocculation and pressure filtration at the local works.

An extension of the statutory area of supply took place on the 1st October, 1958, when the water committee took over a number of county areas in the rural districts of Barrow-on-Soar, Billesdon, Lutterworth and Market Harborough. This led to a further increase in the number of samples, and on the 1st April, 1959, Melton and Belvoir Urban and Rural District Councils, Blaby R.D.C. and Hinckley came under our control. On the 1st October, 1959, we took over Oakham and Uppingham and the water supplied to the villages of Drayton and Brighthurst by the Mid-Northamptonshire Water Board.

Thus the ramifications of the local Water Undertaking now penetrate a wide area and will no doubt continue to extend still further in the fullness of time. For adequate control it will be necessary in the future to think in terms of at least 5,000 routine samples a year plus an unknown number of problem samples in connection with breakdowns and accidents, abnormal weather conditions, distribution problems, supplies of chemicals and complaints. A certain amount of field work must also be envisaged and one qualified assistant provided with transport should be available at all times. This represents a volume of work for which we have not hitherto budgeted. A basic requirement is a stable nucleus of qualified staff and provision to maintain a seven-day week with personnel at least of some experience. It has obviously been difficult in recent years for us to maintain an efficient service with our limited resources and other commitments, particularly bearing in mind that periods with no qualified Water Assistant on the staff have had to be met from time to time.

While, therefore, it is with considerable personal regret that I view the proposals for water control to pass from the Department of the City Analyst to a separate organisation, I can only accept that it is an inevitable step in the evolution of a large and important public service and ultimately for the public good. It will mean that in the future this Department will take samples independently, mainly from the point of view of public health, and be free to resume a certain amount of private work in connection with water examination which has always been

offered to us by smaller Authorities and residents in the county but which in the past we have not always been in a position to accept.

To deal briefly with experiences during 1960, a summary of samples examined on behalf of the Water Engineer is given in Tables W and X. Algal troubles in local reservoirs were never very serious during the year and with slow sand filtration having been largely replaced by mechanical treatment no filtration problems from reservoir growths have occurred. Blue green algae appeared in the autumn but in no great quantity, and taste troubles were insignificant. The cleaning of Thornton reservoir in 1952 has enabled that particular supply to be used continuously ever since and whatever money was spent on the cleaning operation must have already paid very great dividends. The wet summer kept the reservoirs full and in a diluted condition, but there were few periods when the water remained for long in an undisturbed state and able to experience conditions of quiet settlement, a process that is a valuable link in the complete process of water purification. Flood water brought about deterioration in bacteriological quality, but the treatment plant everywhere was run efficiently and consumers enjoyed a safe supply of water throughout the year.

The River Dove once or twice underwent rapid deterioration at times of heavy rain but fortunately it exhibited equally rapid powers of recovery. It will be interesting to see the smoothing effect of the storage reservoir when the dam is completed and what substitute problems, if any, arise.

A regular schedule of sampling was followed throughout the year, embracing the main local supplies and smaller rural supplies, the number of samples being adjusted roughly to the magnitude of the supply. It was an active year for the laying of new mains and all were tested and re-tested until a sample indicated that the main was in a sterile condition before it was authorised to be put into use.

The usual number of minor complaints came to our notice and were mostly solved without much trouble. One complaint showed promise of being rather more serious because it received some press publicity. The consumer in this case complained of a rash which affected the small of his back and it only disappeared when he moved from Leicester to live for a period on the south coast. Ignoring all the other factors which changed when he moved elsewhere, the consumer quite without proved justification held the local water to be responsible for his rash and he advised us that he was considering moving away permanently. At an interview, from the internal evidence of his conversation, it became clear to me that the taste of the water, which he said was often chlori-



nous, was his major grievance. I recommended a simple inexpensive treatment that he could apply himself to correct the taste trouble whenever it occurred and referred him to his own doctor with regard to the rash. He had apparently already been to his doctor and had come to this Department as a final measure before leaving the district for good. A few days after the above interview he rang up expressing delight at the successful result of the experiment for removing the chlorinous taste and added that it had also completely cured his dermatitis ! As far as I know he continues to pay his Water Rate to this Authority.

**TABLE W**

**Samples Submitted by the Water Department**

**Routine Samples :**

Waters (Chemical)	..	..	..	..	..	2,276
Waters (Bacteriological)	..	..	..	..	..	2,192
Waters (Biological)	..	..	..	..	..	159
Waters (Radioactivity)	..	..	..	..	..	54

**Special Samples :**

Alum Solution (used in water treatment)	..	..	..	109
---	----	----	----	-----

**Miscellaneous Samples :**

Worm	..	..	..	..	..	..	2
Insect	..	..	..	..	..	..	1
Soil Samples	..	..	..	..	..	..	16
Foreign Body	..	..	..	..	..	..	1
Deposit	..	..	..	..	..	..	4
Total	..	..	..	..	..	..	4,814

TABLE X

Samples Examined for January, 1960 to December, 1960

## Routine Analyses

Routine Analyses				Bac.	Chem.	Biol.
Hallgates Storage Reservoir	..	..	..	166	168	—
City In Supply	..	..	..	155	155	—
County In Supply	..	..	..	19	19	—
Derwent Water	..	..	..	104	108	—
Thornton	..	..	..	258	258	53
Cropston	..	..	..	75	75	51
Centralised Filtration Scheme	..	..	..	195	195	—
Melbourne Treatment Works	..	..	..	43	52	—
Hinckley R.D.C.	..	..	..	155	155	—
Blaby R.D.C.	..	..	..	107	107	—
Misterton Water	..	..	..	100	100	—
Ullesthorpe Water	..	..	..	75	75	—
Husbands Bosworth	..	..	..	19	19	—
Drayton	..	..	..	12	12	—
Bringham	..	..	..	14	14	—
Melton Mowbray	..	..	..	26	26	—
Melton and Belvoir	..	..	..	55	55	—
Oakham R.D.C.	..	..	..	132	132	—
Oakham U.D.C.	..	..	..	49	49	—
Uppingham District	..	..	..	141	141	—
Swithland Raw	..	..	..	—	—	51
New Mains	..	..	..	130	134	—
New Tanks	..	..	..	36	31	—
Complaints	..	..	..	30	46	—
Leakages	..	..	..	1	19	—
Land Drains	..	..	..	6	6	—
New Reservoirs	..	..	..	2	2	—
Miscellaneous Water Samples	..	..	..	17	45	4
Waters examined for Radioactivity	..	..	..	—	54	—

## Miscellaneous Samples

Alum Solution (Water Treatment)	..	..	..	—	109	—
Soil Samples	..	..	..	—	16	—
Deposits	..	..	..	—	4	—
Worms	..	..	..	—	—	2
Insect	..	..	..	—	—	1
Foreign Body	..	..	..	—	1	—

TABLE X—*continued*

			Bac.	Chem.	Biol.
<b>Full Analyses</b>					
City In Supply .. ..	..	..	3	3	—
County In Supply .. ..	..	..	1	1	—
Derwent Water .. ..	..	..	4	4	—
Thornton .. ..	..	..	4	4	—
Cropston .. ..	..	..	1	1	—
Centralised Filtration Scheme	..	..	2	2	—
Melbourne Treatment Works	..	..	2	3	—
Hinckley R.D.C. .. ..	..	..	4	4	—
Blaby R.D.C. .. ..	..	..	2	2	—
Misterton Water .. ..	..	..	4	4	—
Ullesthorpe Water .. ..	..	..	4	4	—
Husbands Bosworth .. ..	..	..	2	2	—
Drayton .. ..	..	..	1	1	—
Brighthurst .. ..	..	..	2	2	—
Melton Mowbray .. ..	..	..	4	4	—
Melton and Belvoir .. ..	..	..	15	16	—
Oakham R.D.C. .. ..	..	..	6	6	—
Oakham U.D.C. .. ..	..	..	2	2	—
Uppingham District .. ..	..	..	6	6	—
Swithland Raw .. ..	..	..	—	1	—
Miscellaneous Water Samples	..	..	1	6	—
			—	—	—
Totals .. ..	..	..	2,192	2,460	162
			—	—	—
Grand Total .. ..	..	..		4,814	

## ATMOSPHERIC POLLUTION

The following three types of apparatus were used throughout 1960 in obtaining information as to the level of pollution of various kinds in the local atmosphere :

### 1. Standard Deposit Gauge

This instrument provides a measure of the general level of pollution as determined by an analysis of the accumulated rain water collected at intervals of one month. In particular it measures total grit and dust deposited over a measured area but is, of course, subject to local factors at the site of the instrument.

### 2. Lead Dioxide Candles

This device enables one to obtain a rough estimate of pollution in the form of sulphur compounds ; it gives a measure of "corrosion potential" as, for instance, the effect of atmospheric sulphur dioxide in the decay of building materials and in tarnishing of metals.

### 3. Volumetric Hydrogen Peroxide Apparatus

By means of this instrument one can obtain daily (or even hourly if for instance the development of a fog is of interest) readings of the concentrations of sulphur dioxide and smoke at the site of the apparatus.

The results obtained from the standard deposit gauge are given in Table O. From the figures in the last column of the Table the comparative uniformity of the deposit as measured on the Town Hall roof during the last five years will be noted. The amount of pollution at Western Park will be seen to be less than half that at the Town Hall.

The lead dioxide measurements are obtained at four sites and the results are summarised in Table P. Again, Town Hall figures are about twice those obtained on the outskirts of the city. The difference between summer and winter readings is well illustrated in this Table, and of course this is an annual phenomenon.

The volumetric results at six sites are given in Table Q for smoke and in Table R for sulphur dioxide. The same trends in seasonal variation are shown by the figures in these two Tables. Results obtained by this method are fairly precise but unfortunately the labour involved in using the instrument is considerably greater than that required for measuring atmospheric pollution by other methods. Nevertheless, the results obtained are of more interest, according to the problem that one is studying.

It is probable that few problems are more influenced ("bedevilled" is probably a better word) by the large number of variables involved than is the study of atmospheric pollution. Hence the huge number of routine measurements that are regularly made throughout the country and the need for statistical analysis of the results to find out the degree of significance that can be attached to them. The subject was dealt with at moderate length in our 1958 Report and has been referred to from different points of view in this series of Reports since 1929.

Coal smoke no doubt remains the primary enemy, whether emitted from houses or power stations. The acrid black fumes from diesel-engined vehicles were mentioned in my Report for 1955 as bidding fair to challenge coal smoke for the dubious honour of causing maximum danger to health. The intervening years I believe have produced evidence strengthening the case against this modern source of pollution.

Under the circumstances, therefore, it is interesting to learn that the investigation into atmospheric pollution will continue but will be streamlined into a national survey carried out under the aegis of the D.S.I.R. and since this city has been selected as one of the sites at which measurements will be taken we shall be prepared to modify our present programme as necessary so that the time and money expended will make a contribution of maximum value for integration into the national scheme.



TABLE O. Atmospheric Pollution  
Figures obtained from Standard Deposit Gauge

Site of Gauge	Year	Average Monthly Rainfall Inches	Average Deposit in tons per square mile per month				
			Insoluble Deposit			Soluble Deposit	Total Deposit
			Tar	Soot	Ash		
Town Hall Roof	1956	2.07	0.14	3.78	9.13	13.05	20.21
	1957	2.26	0.13	3.81	8.35	12.29	19.47
	1958	2.25	0.12	3.59	8.02	11.73	18.37
	1959	2.03	0.12	3.16	7.19	10.47	18.08
	1960	2.79	0.15	3.31	7.96	11.42	18.89
Crown Hills ..	1958	2.38	0.06	3.06	6.68	9.80	16.31
	1959	1.74	0.06	2.18	4.18	6.42	11.35
	1960	2.79	0.07	2.43	4.74	7.24	12.43
Western Park ..	1958	2.11	0.03	1.08	2.45	3.56	7.14
	1959	1.49	0.05	1.40	3.17	4.62	8.70
	1960	2.64	0.06	1.39	3.12	4.57	8.60

**TABLE P**  
**Atmospheric Pollution**  
Lead Peroxide method for Sulphur Dioxide  
Average monthly figures

Month 1960	Station			
	Town Hall	Western Park	Westcotes	Crown Hills
January ..	3.4	1.4	1.8	1.3
February ..	3.4	1.5	1.9	1.3
March ..	2.4	1.8	1.9	0.7
April ..	1.8	0.9	1.2	0.7
May.. ..	1.1	0.6	0.6	0.4
June.. ..	0.8	0.45	0.4	0.35
July .. ..	1.0	0.4	0.4	0.45
August ..	0.9	0.3	0.3	0.25
September ..	1.2	0.7	0.5	0.4
October ..	2.2	1.3	1.0	1.1
November ..	3.3	1.3	1.4	1.2
December ..	3.2	1.8	2.0	1.7
Average Monthly Results ..	2.1	1.04	1.12	.82

(Results expressed in mgms. SO<sub>2</sub> per 100 sq. cm. per day)

**TABLE Q**  
**ATMOSPHERIC POLLUTION**  
Average monthly results for readings taken during 1960

**SMOKE**  
(Results expressed in mgms. per 100 cubic metres of air)

Month 1960	Belgrave	Crown Hills	Saffron Hill*	Western Park	Grey Friars	Salisbury Road
January ..	17	15	13	13	21	18
February ..	16	15	14	9	20	19
March ..	6	5	9	8	13	10
April ..	8	6	8	5	11	9
May ..	5	4	6	4	9	7
June ..	3	2	2	2	4	3
July ..	3	2	3	1	4	3
August ..	4	3	4	3	6	5
September ..	6	5	7	5	9	8
October ..	9	7	10	8	14	13
November ..	14	9	13	8	17	12
December ..	20	18	21	13	24	23
Monthly Average, 1960	9	8	9	7	13	11
1959	11	8	9	9	15	9
1958	10	8	9	7	13	—

\*The apparatus was moved from this site to Southfields Library in July.

**TABLE R**  
**ATMOSPHERIC POLLUTION**  
Average monthly results for readings taken during 1960  
**SULPHUR DIOXIDE**  
(Volumetric Method)  
(Results expressed in parts per 100 million parts of air v/v)

Month 1960	Belgrave	Crown Hills	Saffron Hill*	Western Park	Grey Friars	Salisbury Road
January ..	6.0	2.7	4.2	5.4	12.6	7.9
February ..	5.3	2.4	3.7	3.9	13.0	8.5
March ..	2.1	1.6	3.0	4.3	11.1	4.5
April ..	3.4	2.0	3.0	2.7	7.8	5.3
May ..	2.4	1.6	2.4	2.0	5.3	3.2
June ..	2.0	1.2	1.4	1.9	2.9	2.9
July ..	2.0	1.0	1.4	1.2	3.0	2.2
August ..	1.7	1.0	1.3	1.3	3.0	2.4
September ..	2.3	1.4	2.2	2.3	5.1	3.4
October ..	3.4	1.5	3.2	4.0	9.5	5.0
November ..	3.5	1.5	3.2	3.4	11.1	5.2
December ..	7.0	2.3	5.1	5.1	13.0	9.1
Monthly Average, 1960	3.4	1.7	2.8	3.1	8.1	5.0
1959	3.9	3.0	2.9	3.6	8.7	4.3
1958	4.2	3.6	3.4	3.7	9.3	—

\*The apparatus was moved from this site to Southfields Library in July.

## PURE FOOD CENTENARY

Food adulteration has no doubt been practised from time immemorial and there are biblical references to the subject. People in this country were actively aware of malpractices in the 18th and 19th centuries and the gradual build-up of public opinion and the enterprise of a few social reformers with technical knowledge in the 1850's prepared the ground for the passing of "An Act for the prevention of the adulteration of articles of food and drink" in 1860. When this Act was passed by the British Parliament it was the first general law covering this subject to be enacted in any country in the world.

The example set by Great Britain was followed by the Commonwealth, United States and many other countries. It was fitting, therefore, that this occasion, in view of its social importance, was celebrated at its centenary this year, and great interest was taken not only by Public Analysts but by food manufacturers and their chemists. Every Commonwealth country was represented and a number of visitors came specially from the United States and other parts of the world.

The sponsors of the occasion were :

Society for Analytical Chemistry

Food Group of The Society of Chemical Industry

Association of Public Analysts

Royal Institute of Chemistry

Ministry of Agriculture, Fisheries and Food

Ministry of Health

Department of Health for Scotland

Ministry of Health and Local Government in Northern Ireland

Technical papers and visits provided the core of the meetings which were held on 20th-23rd September inclusive, and a Government Reception was given the first evening and a Centenary Banquet was held at the City of London Guildhall on the last evening when the Minister of Agriculture, Fisheries and Food was present together with other distinguished people.

During the reading of papers and subsequent discussions a good deal was said about the immense amount of research that had gone into the problem of packing and wrapping foodstuffs in the interests of hygiene.

One speaker ruefully describing his recent difficulties in achieving a break through into a packet of breakfast cereal said that having ulti-



mately pierced the cellophane layer and made some progress through the corrugated cardboard underneath, the whole packet suddenly disintegrated shedding its entire contents.

This could have opened the floodgates to accounts by other members present of the difficulty of opening a tin of sardines without damaging oneself or the practical impossibility of obtaining tomato sauce from a narrow-necked bottle without spoiling the tablecloth, etc., when the Chairman closed the discussion by remarking that it was evident that some research should in future be devoted to the problem of "Un-packaging".

It was thus a down to earth occasion when this country rightly received tribute from the rest of the world but showed no inclination to rest on its laurels, already in fact before the celebrations were over making plans for the next hundred years.

It was perhaps unfortunate (maybe it was salutary !) that at about this time press publicity revealed that a brand of Dutch margarine was suspect, having caused widespread illness, and this was attributed to a chemical additive of a new type which had been added to the margarine to prevent spluttering on heating. This incident pinpointed the fact that although the first one hundred years have seen an enormous improvement in the quality of food supplied to the populations of this and many other countries, "progress" sometimes may overrun itself demanding too high a price to be paid for some slight advantage. Constant vigilance must therefore be maintained perhaps for many more centuries to be sure that nothing harmful is introduced into food merely to make it more palatable, pleasing to the eye, or to have properties giving greater convenience either to the manufacturer or to the consumer.

F. C. BULLOCK

# **Report on the Public Health and Food Inspection Department for the year 1960**

by

G. A. HILLER, F.R.S.H., F.A.P.H.I.  
Chief Public Health Inspector

It is pleasing to be able to report that the establishment of public health inspectors has been very largely maintained throughout the year and in this respect Leicester is undoubtedly fortunate compared with other large County Boroughs. Two young men who have been training in the department qualified during this period.

Quite a lot of new legislation has had to be dealt with relating to nuisances from noise and vibration, food hygiene, and the control of milk supplies.

As regards housing the Council's bold slum clearance programme has been pursued vigorously and there is no doubt that Leicester is in the forefront amongst similar-sized towns where this work is concerned.

House-to-house inspection for repairs has also received some attention but a great deal more of this sort of work must be done if the present high rate of slum clearance is not to continue indefinitely.

Undoubtedly the one aspect of housing conditions which needs attention is the deterioration of what was once high-class residential accommodation into houses now let in multiple occupation. It is estimated that there are now at least 1,100 houses so occupied in this city, the majority of which are badly in need of attention both as regards provision of essential amenities such as sanitary accommodation, water supply, sinks and food storage as well as a determined effort to reduce the overcrowding which undoubtedly exists. Unfortunately, the Housing Act, 1957, has failed to deal adequately with the situation and new legislation is needed urgently.

One interesting feature of housing work was the appeal to the Magistrates by two property owners against the Council's considered

opinion that every house in the City should have a separate water closet. The Magistrates rejected the appeal and confirmed the Council's action.

As regards atmospheric pollution the survey work in proposed smoke control areas has been the main feature of the year's work in this field and if a proper balance is to be kept between the work done in industrial and non-industrial sources of smoke emission additional staffing will have to be considered. Three more Smoke Control Orders have been confirmed by the Minister of Housing and Local Government and will come into force during 1961. This involves 3,383 dwelling houses and other premises.

Meat inspection continues to occupy the full-time service of five inspectors with additional assistance from time to time. Whilst there is complete inspection coverage of all the meat carcasses prepared for food in Leicester I must point out the extremely difficult and oft times dangerous conditions in which the meat inspectors do their work.

Once again I should like to thank all my staff for their personal contributions to the improvement of the environmental conditions in the City during the year and to wish Dr. Moss, our newly-appointed Medical Officer of Health, every happiness in his work in Leicester.

### STAFF

The establishment is made up as follows :

- 1 Chief Public Health Inspector
- 1 Deputy Chief Public Health Inspector
- 14 Specialist Inspectors :
  - 5 Meat Inspection
  - 4 Housing (Slum Clearance)
  - 1 Cafés and Restaurants
  - 1 Food and Drugs Sampling
  - 2 Smoke Abatement
  - 1 Senior District Inspector
- 16 District Inspectors (2 vacancies)
- 10 Pupil Inspectors (2 vacancies)
- 1 Chief Clerk
- 8 Clerks
- 1 Rodent Officer
- 4 Rodent Operators
- 5 Sanitary Assistants
- 1 Abattoir Assistant

## GENERAL SANITARY CIRCUMSTANCES

### Complaints

The following complaints were received and investigated :

Housing Defects	..	..	..	..	1,084
Choked and Defective Drains	..	..	..	..	244
Water Supply—Defective or Insufficient	..	..	..	..	27
Flood Water in Houses	..	..	..	..	35
Overcrowding	..	..	..	..	33
Keeping of Animals	..	..	..	..	16
Accumulations of Offensive Matter	..	..	..	..	60
Factory Conditions (Sanitation)	..	..	..	..	83
Smoke Nuisances	..	..	..	..	51
Grit Nuisances	..	..	..	..	23
Fumes and Steam	..	..	..	..	18
Noise Nuisances	..	..	..	..	40
Offensive Odours	..	..	..	..	67
Infestations :					
(a) Insect Pests	..	..	..	..	347
(b) Rats and Mice	..	..	..	..	1,289
Miscellaneous	..	..	..	..	94
Total	..	..	..	..	3,511

## SYNOPSIS OF INSPECTION WORK

	Inspections
Dwelling Houses :	
For Housing Defects under Public Health Act	.. 2,528
Under Housing Acts—	
Overcrowding	.. 113
Inspections..	.. 2,187
Clearance Area Inspections	.. 889
Dangerous Structures	.. 48
Meetings with Owners or Tradesmen	.. 1,075
Rent Act, 1957—	
Certificates of Disrepair	.. 104
Drainage—	
Tests and Inspections	.. 1,288
Infected Dwelling Houses—	
Infectious Disease Enquiries	.. 508
Common Lodging Houses	.. 24
Houses-Let-in-Lodgings	.. 59
Canal Boats	.. 5
Van Dwellings	.. 551
Industrial Premises :	
Factories	.. 472
Noise Nuisances	.. 119
Carried forward	.. 9,970

				Inspections
Brought forward	..	..	..	9,970
Smoke Abatement :				
Smoke Observations	..	..	..	364
Visits re Smoke, Industrial, Smoke Control Areas, etc.				2,888
Shops Act, 1950—				
Health and Comfort Provisions	..	..	..	4
Leicester Corporation Act, 1956				
Hairdressers' Premises	..	..	..	33
Nuisances :				
Offensive Accumulations	..	..	..	93
Offensive Trade Premises	..	..	..	8
Keeping of Animals, Poultry, Swine, etc.	..	..	..	39
Tips (Refuse)..	..	..	..	9
Ditches and Watercourses	..	..	..	31
Verminous Premises	..	..	..	333
Food :				
Inspections for Supervision of Food—				
Slaughterhouses and Cold Stores	..	..	..	820
Food Warehouses	..	..	..	941
Markets—Retail Fish	..	..	..	305
Retail Provision	..	..	..	404
Wholesale Fish	..	..	..	294
Wholesale Fruit and Vegetables	..	..	..	238
School Kitchens	..	..	..	19
Dairies	..	..	..	214
Food Hygiene (General) Regulations, 1960 :				
Bakehouses	..	..	..	78
Fish Frying Premises	..	..	..	60
Food Manufacturing Premises	..	..	..	56
Food Vendors' Vehicles	..	..	..	72
Hotel and Restaurant Kitchens	..	..	..	1,126
Shops—Meat, Fish, Grocers and Greengrocers, etc.				859
Food and Drugs Act, 1955—Section 16 :				
Ice Cream Premises	..	..	..	411
Sampling Visits :				
Foodstuffs, Water, Rag Flocks, etc.	..	..	..	1,286
Merchandise Marks Act	..	..	..	206
Agricultural Produce (Grading and Marking) Act	..	..	..	4
Pet Animals Act, 1951 :				
Shop Premises	..	..	..	56
Total	..	..	..	21,221
Re-inspections	..	..	..	16,406
Grand Total	..	..	..	37,627
Notices—Served—Informal	..	..	..	1,470
Formal	..	..	..	77
Complied with —Informal	..	..	..	1,429
Formal	..	..	..	42



## Drainage, Sanitation and Water Supply

During the year further progress was made in the demolition of houses lacking in separate water supplies and separate water closets, viz. 142 houses without internal water supply and 442 houses sharing water closets were dealt with.

There are about 300 houses in the City which are not likely to be dealt with in future slum clearance proposals which are without a separate water closet. Sharing is generally on a basis of two houses to one water closet.

Efforts are being made to remedy this deficiency and appeals against the Council's action are dealt with on page 219.

The number of known cesspools in the City is 51 and pail closets 35.

## Swimming Pools

Regular visits were made to the four Corporation indoor public baths and samples of the water for bacteriological examinations were taken at the time of inspection.

The two public open-air pools and the pool at the Wyggeston Boys' School were also inspected and samples of the water frequently taken. Owing to the poor weather these pools were not used as much as during the previous year. They are very well managed and maintained and all bacteriological samples were satisfactory. Occasionally the chlorine figure was of lower concentration than desirable, and on three occasions the water had a slightly high acid value. The management acted immediately on the advice given by the Public Health Inspector.

Number of samples taken :

Corporation Baths	..	..	71
Private Pools	..	..	29
			—
Total	..	..	100
			—

## Disinfection and Disinfestation

The work done by the disinfecting and disinfestation staff is shown in the following table :

Houses disinfected	..	..	..	41
Houses disinfested	..	..	..	1,267
Bedding, clothing, etc., steam-treated			..	450
Articles disinfected prior to export.			..	269

Periodical fumigation of flour mills is supervised by the Public Health Inspectors.

## Food Poisoning Investigations

Number of persons (cases and contacts) from whom				
faecal specimens were collected	..	..	..	891
Number of specimens	..	..	..	2,592

**Ministry of Agriculture Fisheries and Food**  
**Prevention of Damage by Pests Act, 1949**  
**Report for 12 months ended 31st December, 1960**

	TYPE OF PROPERTY				
	Non-Agricultural				
	(1)  Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	
I. Number of properties in Local Authority's District (Notes 1 and 2) .. ..	399	90,314	15,779	106,492	Nil
II. Number of properties inspected as a result of: (a) Notification ..	110	847	314	1,271	Nil
(b) Survey under the Act .. ..	145	2,771	273	3,189	Nil
(c) Otherwise (e.g., when visited primarily for some other purpose) ..	591	2,528	3,468	6,587	Nil
III. Total inspections carried out including re-inspections. (To be completed only if figures are readily available) .. ..	846	6,146 (Re-inspec	4,055 tion figures	11,047 not availab	le) Nil
IV. Number of properties inspected (in Section II) which were found to be infested by: (a) Rats .. (Major	22	Nil	4	26	Nil
(Minor	287	632	180	1,099	Nil
(b) Mice .. (Major	Nil	Nil	Nil	Nil	Nil
(Minor	76	95	295	466	Nil
V. Number of infested properties (in Section IV) treated by the L.A. (Figures should NOT exceed those given at Section IV) ..	385	727	479	1,591	Nil
VI. Total treatments carried out including re-treatments. (To be completed only if figures are readily available) .. ..		(Figures not available)			
VII. Number of notices served under Section 4 of the Act: (a) Treatment ..	Nil	Nil	Nil	Nil	Nil
(b) Structural Work (i.e., Proofing) ..	Nil	Nil	Nil	Nil	Nil
VIII. Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act .. ..	Nil	Nil	Nil	Nil	Nil
IX. Legal Proceedings ..	Nil	Nil	Nil	Nil	Nil
X. Number of "Block" control schemes carried out .. ..	6	71	32	109	Nil

119 Wasps nests destroyed.

235 Pigeons trapped and destroyed.

## Common Lodging House

There is only one common lodging house in Leicester which continued to be used during the year with little cause for complaint. Accommodation is for males only and is rarely occupied to capacity (88 beds). There is also a number of beds for casuals of both sexes at 'Hillcrest' under the control of the Welfare Department.

## Movable Dwellings

During the year 856 visits were made to 20 sites.

The intensive work put in during the past few years together with the numerous prosecutions taken under the Leicester Corporation Act, 1956, have resulted in a substantial reduction in the number of undesirable caravanners coming into the City.

Legal proceedings instituted resulted as shown in the accompanying table :

Case No.	Address of Contravention	Reason	Result
1	South Side Bow Street —Land	Keeping movable dwelling on land for more than 14 days	£5 fine

There are five sites licensed in the City for the occupation of nine caravans, in addition to that used by the Showmen's Guild.

## Showmen's Guild Site

This site used as winter quarters by about 33 members of the Showmen's Guild was again well conducted and gave no cause for complaint.

## Knackers' Yards

There is only one Knacker's Yard in Leicester and it has been well conducted during the year.

## Offensive Trades

There are 10 registered premises in which offensive trades are carried on in the City.

The undesirability of the Hide and Skin Market being situated almost in the City centre must always be kept in mind.

One tradesman (trotter boiler) closed his premises and discontinued the trade during the year when faced with a very heavy schedule of work necessary to bring the premises up to a satisfactory standard of sanitation and food hygiene.

### **Pet Shops**

There are 27 shops covered by licences under the Pet Animals Act, 1951, and 86 visits were made. The licensing conditions have been observed in all cases.

# OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACTS, 1937 to 1959

## PART I OF THE ACT

### 1.—INSPECTIONS for purposes of provisions as to health (inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections and Re-Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority .. ..	65	3	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	2,052	458	50	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers, premises) .. ..	—	37	5	—
Total .. ..	2,117	498	56	—

\**i.e.*, Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).



2.—Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) .. ..	—	—	—	—	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4) .. ..	—	—	—	—	—
Ineffective drainage of floors (S.6) .. ..	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) insufficient .. ..	25	25	—	18	—
(b) unsuitable or defective .. ..	69	50	—	61	—
(c) not separate for sexes .. ..	3	3	—	3	—
Other offences against the Act (not including offences relating to Outwork) .. ..	2	2	—	1	—
Total .. ..	99	80	—	83	—

## OUTWORK (Sections 110 and 111)

Total number of outworkers in August, 1960, was as shown below :

Wearing Apparel, Making, etc. ..	..	1,329
Umbrellas, etc. ..	..	9
Basket Making ..	..	1
Printers and Lithographers ..	..	15
Total ..	..	1,354

The number of persons taking outwork during the year fell somewhat, this was in line with the slightly reduced demand for wearing apparel that the manufacturers experienced during 1960.

## ATMOSPHERIC POLLUTION

### Industrial Smoke

The control of industrial and other non-domestic smoke emissions is impossible without adequate staff and a complete up-to-date register of boiler and furnace installations.

In the past attempts have been made to obtain this information by personal visit and inspection but so great is the interest shown by manufacturers and the like in the provisions of the Clean Air Act, 1956, that the survey proceeded far too slowly, and took up too much time.

Consequently a postal survey was carried out in 1960 with virtually one hundred per cent success as, in fact, only two instances of reluctance to complete the survey form were experienced and these were overcome after visits of explanation.

Some of the information obtained is set out below.

### Boiler and Furnace Installation Survey, 1960

Number of Boilers					Furnaces			Incinerators
Lancashire or Cornish	Economic	Vertical	Sectional	Other	Ferrous	Non-Ferrous	Other	
144	41	109	1,515	157	27	22	24	106

Fuel used, Furnace Units				
Smokeless Fuels	Liquid Fuels	Wood	Coal or Other Smoky Fuels	
			Hand Fired	Mechanically Fired
1,130	257	8	101	470

Mechanical Coal firing by :				
Ram or Coking	Chain Grate	Sprinkler or Spreader	Underfeed	
			Locally Manufactured	Other
38	17	37	255	123

#### Premises Surveyed

Factories							
Hosiery	Dyers, Bleachers, Finishers	Footwear	Textiles	Engineering	Foundries	Bakeries	Garages
102	30	80	77	149	22	11	20

Other Large Premises				
Warehouses	Shops	Offices	Places of Worship	Crown Property
91	111	82	18	50

Nationalised Undertakings	Local Government Buildings	Plant Nurseries	Public Houses and Clubs	Miscellaneous
21	264	10	20	294

## Notification of New Furnace Installations

Plans examined and statutory notifications received during the last five years provide details of the fuels which were proposed to be burnt on these installations.

The figures show that there has been a decided leaning towards oil and to a lesser extent towards gas although the improved methods of mechanical coal burning appear to have impressed some industrialists.

It will be noticed that no plans have been submitted for hand-fired coal burning boilers since 1957.

Year	Coal Hand	Coal Mechanical	Oil	Coke Hand	Wood	Gas
1956	—	6	3	4	—	—
1957	1	4	13	7	2	—
1958	—	3	14	1	—	—
1959	—	18	39	6	—	3
1960	—	12	51	7	—	10

## Prior Approval

Fifteen applications for 'prior approval' have been received and passed during the year. In addition 65 notifications under the Clean Air Act, 1956, were received by the City Surveyor's Department in conjunction with deposited plans and all these cases were dealt with on much the same basis as 'prior approval' applications, where appropriate. These were ultimately approved although amendments were necessary in some cases.

Two cases arose where, despite suggestions that 'prior approval' should be requested, new boilers were installed and smoke was emitted very much in excess of that allowed by law. Further works had to be asked for by this Department which could have been avoided if the proposed installations had first been submitted for consideration.

### Complaints made by the Public

Complaints of Smoke	..	..	..	..	51
Complaints of Ash, Soot, Grit and Dust	..	..	..	..	23
Complaints of Fumes and Steam	..	..	..	..	18

#### **Action taken by Industrial Firms involving works**

New boilers installed	..	..	..	..	3
New mechanical stokers or firing units installed	..			..	9
Grit and dust collection plant installed	..			..	5
Smoke density equipment installed	..			..	3
Fume nuisances (change of process or plant)	..			..	3

In addition to the usual complaints of smoke and grit, nuisances have been dealt with from the burning of building materials on demolition sites, scrap from car breaking, oil wastes, wood and paper wastes in boiler furnaces and on open sites and the use of scrap car batteries as boiler fuel.

#### **Grit Emission—Frog Island**

As a result of complaints a full investigation into the depositing of grit from industrial boilers in this district was carried out. Continuous observations by means of grit collecting plates were made over a period of approximately one month. Every boiler-house was visited, plant and fuels used inspected and means of reducing grit emission were discussed with the plant engineers. The National Coal Board co-operated as regards the handling and suitability of the fuels in use.

It is pleasing to be able to report that a substantial reduction in grit emission in the area was achieved.

#### **Grit Emission—Weather Conditions**

As a further aid to the abatement of grit nuisances daily wind direction records have been taken by the Smoke Inspectors over the past two years. In addition, Mr. H. Tilley, Climatological Station Officer at the Towers Hospital has given valuable help and information regarding wind velocities and directions. His help is gratefully acknowledged.

#### **Railway Smoke**

Increased contact has been made with British Railways during the year and it is believed that a progressive reduction in atmospheric pollution from railways will be made over the next few years. Most local trains are now hauled by diesel-powered locomotives and all coal-fired shunting engines belonging to British Railways have now been replaced by diesel types. There is now only one coal-fired shunting locomotive in use in the City.



## Non-Industrial Smoke

The majority of the smoke coming under this heading is from domestic coal burning. Many enquiries have been received from householders wishing to modernise their heating methods and to make their contribution toward a cleaner atmosphere. The case for clean air has undoubtedly been accepted by most people. In all such cases advice is given on both appliances and methods of installation, indeed the importance of the latter cannot be overstated.

## Smoke Control Areas Programme

Work continues on the programme approved by the City Council in September, 1958.

Three Smoke Control Orders are now in force.

	Dwellings	Other Premises	Area (acres)
No. 1 Order, "St. Matthews" ..	752	10	27
No. 2 Order, "City Centre" ..	45	511	44
No. 3 Order, "Lee Street" ..	127	346	50

These Orders cover three contiguous areas in the City Centre.

Three more Orders have been confirmed by the Minister of Housing and Local Government involving 3,383 dwelling houses and other premises.

Some initial difficulty was experienced in the enforcement of the No. 3 Order which included 127 dwelling houses but fortunately it was not found necessary to resort to legal proceedings.

Under this Order twelve mechanically-fired coal-burning installations were given exemptions and one non-ferrous foundry was also exempted.

Two publications have been prepared dealing with the many questions which arise in Smoke Control areas including such problems as garden bonfires and the disposal of household 'junk' as well as dealing with appliances, fixing, fuel burning, costs and financial contributions.

A collection of coloured 'transparencies' is being made for lecture purposes. The use of local material is greatly appreciated by audiences.

## New Methods of Fuel Burning and Research

During the year one new boiler plant has had special high efficiency and smoke eliminating steam jets fitted inside the furnace with complete success in the first four months of working.

Contacts have been made with most of the manufacturers of boilers and mechanical stokers in the area so that the department is able to keep in touch with new developments.

Two smokeless incinerators now available have been tested by inspectors and found satisfactory.

Co-operation continues with the National Coal Board, East Midlands Electricity and Gas Boards, Coal Utilisation Council, oil companies and local fuel merchants.

A local underfeed stoker manufacturer has developed an entirely new underfeed stoker of high efficiency which is smokeless in operation. Tests show that it is extremely difficult to make this stoker emit smoke of a density equal to or above Ringelmann 1 shade. As the research work was carried out on a very low chimney it is obvious that this will present an answer to many problems. The City Council allowed the chimney height to be reduced for the purposes of carrying out such research.

### NOISE AND VIBRATION

Complaints received	..	..	40
Complaints confirmed	..	..	26
Complaints not confirmed	..	..	14
Nuisances abated	..	..	14
Cases outstanding	..	..	12
Total visits	..	..	240

The work of abating noise nuisances is on the increase, it will be seen that more complaints have been received than in 1959 (31). Most complaints were regarding factories and many referred to night work.

The Noise Abatement Act, 1960, came into force in November, 1960, providing greater powers than the Leicester Corporation Act, 1956 ; any noise or vibration which would amount to a nuisance at common law is now a Statutory Nuisance under the Public Health Act, 1936.

The following are examples of successful action by inspectors :

1. An engineering firm bricked up a large doorway in a factory wall and encased a fan unit to reduce noise from power generating plant.
2. Screening was erected around a wood dust collection plant directing the noise so that it would not cause annoyance.
3. An open loading dock at a large bakery was completely enclosed by brickwork and sliding doors to reduce the noise of night loading.
4. One cooling fan of a battery of three at a dairy was running at

night and causing a nuisance. It was found by experiment that if one of the other two fans was run instead, it caused no nuisance. As a result the automatic timing mechanism has been changed to run the quiet fan during night time hours.

## HOUSING

During the last five years the following houses have been built in Leicester :

	1956	1957	1958	1959	1960	Total
By Housing Committee ..	1,415	1,277	677	1,030	863	5,262
By Private Builders ..	426	384	483	295	247	1,835
Totals .. ..	1,841	1,661	1,160	1,325	1,110	7,097

The 863 Corporation houses built in 1960 were on the following estates :

New Parks .. ..	70
Thurnby Lodge (City) ..	131
Evington .. ..	11
Stocking Farm .. ..	19
Eyres Monsell (County) ..	492
Braunstone Frith .. ..	16
St. Matthews (Phase I) ..	124
Total .. ..	863

The total number of houses built by the Corporation since the war, i.e. from 1946 to the end of 1960, was 14,472.

## HOUSING CONDITIONS

### Slum Clearance

During the year the following clearance areas were represented to the Council through the Slum Clearance and Re-development Committee. It will be seen that in nearly all cases compulsory purchase orders were made.

Area No.	Name	C.O. or C.P.O.	No. of Houses	Other Buildings
244	Stanley Street ..	.. C.P.O.	79	9
245	Willow Street ..	.. C.P.O.	24	—
246	Cobden Street, No. 1 ..	.. C.P.O.	17	1
247	Cobden Street, No. 2 ..	.. C.P.O.	13	—
248	Blake Street ..	.. C.P.O.	7	2
249	Steins Lane ..	.. C.P.O.	10	1

250	Royal East Street..	..	C.O.	9	—
251	Arthur Street	..	C.P.O.	60	8
252	Nichols Street	..	C.P.O.	14	2
253	Burton Street	..	C.P.O.	4	1
254	Laxton Street	..	C.P.O.	93	11
255	Whimpstone Cottages, Upper				
	Conduit Street	..	C.P.O.	4	—
256	Arnold Street	..	C.P.O.	75	3
257	Bright Street	..	C.P.O.	14	—
258	Humberstone Road	..	C.P.O.	6	—
259	Curzon Street	..	C.O.	2	—
260	Queen Street	..	C.P.O.	10	—
261	St. George Street, No. 1	..	C.P.O.	11	—
262	St. George Street, No. 2	..	C.P.O.	9	—
263	Palmer Street, No. 1	..	C.O.	8	—
264	Palmer Street, No. 2	..	C.O.	11	—
265	Thurcaston Road, No. 1	..	C.P.O.	2	—
266	Thurcaston Road, No. 2	..	C.P.O.	37	1
Total				519	39

In addition, 23 individual houses have been represented for demolition and a further nine were demolished.

Closing Orders were made under Section 17 of the Housing Act, 1957, on 16 houses.

#### Individual Unfit Houses, 1953-1960

Act under which Action taken	Houses repre- sented to Health Com- mittee	Houses on which Order made	Statutory U/T not to re-let	Houses vacated	Awaiting removal
Housing Act, 1957 Sec. 17—Dem. Orders..	309	283	25	290	19
Housing Act, 1957 Sec. 17—Closing Orders	70	64	3	60	10
Housing Fin. Prov. Act, 1958 .. ..	100	100	—	77	23
Voluntary Undertakings	—	—	10	10	—
Housing Act, 1957 Sec. 18—Closure of Rooms .. ..	4	4	—	4	—

Progress annually has been as set out below :

		Representations		No. of Houses	
		C.O.	C.P.O.	In Orders	Confirmed
1953	..	—	1	270	270
1954	..	—	5	670	664
1955	..	—	6	155	123
1956	..	14	7	577	282
1957	..	23	11	1,076	534
1958	..	27	24	769	645
1959	..	2	11	1,104	716
1960	..	4	19	519	1,118

The Council has undertaken to deal with a further 4,000 unfit houses during the period 1961–1965.

### Property Enquiries

Over 5,000 enquiries were answered relating to the expectation of life and outstanding repair notices on dwelling-houses which were changing ownership.

### RENT ACT, 1957

Applications for Certificates of Disrepair were as follows :

		1958	1959	1960
Applications received	.. ..	415	155	57
Certificates granted	.. ..	54	37	10
Certificates cancelled	.. ..	59	23	15
Undertakings accepted	.. ..	292	101	32
Applications withdrawn	.. ..	28	13	—

The total inspections of dwelling houses under the Housing and Public Health Acts and action taken are summarised in the Table which follows. Three hundred and seven houses in selected areas were inspected on a house-to-house basis with a view to bringing them up to a satisfactory standard of fitness by the service of notices requiring repairs.



# HOUSING STATISTICS

For year ended 31st December, 1960

## 1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .. ..	2,187
(b) Number of inspections made for the purpose .. ..	7,329
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .. ..	889
(b) Number of inspections made for the purpose .. ..	3,017
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	580
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation .. .. .	1,401

## 2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,354
---	-------

## 3.—Action under Statutory Powers.

### A—*Proceedings under Sections 9, 10 and 16 of the Housing Act, 1957 :*

(1) Number of dwelling houses in respect of which notices were served requiring repairs .. .. .	5
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners .. .. .	—
(b) By Local Authority in default of owners .. ..	—

### B—*Proceedings under Public Health Acts :*

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. ..	43
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners .. .. .	16
(b) By Local Authority in default of owners .. ..	8

### C—*Proceedings under Section 17 of the Housing Act, 1957 :*

(1) Number of dwelling houses in respect of which Demolition Orders were made .. .. .	25
(2) Number of dwelling houses demolished in pursuance of Demolition Orders .. .. .	9

### D—*Proceedings under Section 18 of the Housing Act, 1957 :*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. ..	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. ..	—

Number of houses in respect of which Closing Orders were made under Section 17 of the Housing Act, 1957 .. .. .	16
---	----

Number of houses dealt with under Housing Financial Provisions Act, 1958 .. .. .	17
--	----

## LEGAL PROCEEDINGS

Statute under which proceedings were instituted	Default or Offence	Fines
Public Health Act, 1936, Section 41	Failure to give notice of drainage work carried out	Owner and builder fined £2 each

### Public Health Act, 1936. Section 44

#### Separate Water Closets for Houses

In October the City Magistrates heard an appeal against notices served by the Corporation requiring that each of three houses should have a separate water closet.

The three houses in question were in a terrace of six, water closets being provided at three of the houses but shared by the occupiers of all six on a basis of one water closet to each two houses.

The Magistrates decided that the Corporation's requirements were reasonable in character and extent and were necessary.

## FOOD

### Meat Inspection

The number of slaughterhouses available in Leicester is as follows :

Private slaughterhouses at Cattle Market	..	..	13
Other private slaughterhouses	..	..	2
Institutional slaughterhouse	..	..	1

Once again the very poor condition of the Corporation-owned slaughterhouses situated at the Cattle Market must be recorded. They were built in 1876 and were not designed to deal with more than a fraction of the demand for fresh meat that exists today let alone with any regard to facilities for the inspection of carcasses and offal.

The provisions of the Slaughterhouses Act, 1958, and the Construction Regulations have been the subject of talks with the butchers and it is a matter for regret that the Council's Slaughterhouses Report could not be submitted to the Ministry by the due date, i.e. 1st November, 1960.

The following table shows the number of animals slaughtered in the years since meat rationing ceased.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
1956	17,478	2,797	4,321	97,500	45,466	167,562
1957	18,666	2,434	3,301	96,751	48,418	169,570
1958	18,710	2,974	1,964	91,249	59,206	174,103
1959	17,397	2,084	1,928	105,910	57,301	184,620
1960	19,128	2,202	3,314	100,728	54,909	180,281

The difficulties and dangers of meat inspection under the cramped conditions at the Cattle Market Slaughterhouses cannot be overstated and it is greatly to the credit of both inspectors and slaughtermen that the dressing and inspection of carcasses goes on as uneventfully as it does.

**Total Number of Animals Slaughtered, 180,281, comprising**

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Public Abattoir ..	15,164	1,652	2,294	78,521	52,740	150,371
Private Slaughterhouses ..	3,577	126	885	21,680	1,461	27,729
Casualties ..	387	424	135	527	708	2,181
Totals ..	19,128	2,202	3,314	100,728	54,909	180,281

Carcases Inspected and Condemned. 1960

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed .. .. .	19,128	2,202	3,314	100,728	54,909
Number inspected .. .. .	19,128	2,202	3,314	100,728	54,909
All Diseases except Tuberculosis & Cysticerci— Whole carcases condemned .. .. .	10	32	49	76	188
Carcases of which some part or organ condemned ..	3,554	392	7	884	1,552
Percentage of the number inspected affected with Disease other than Tuberculosis and Cysticerci ..	18.63	19.26	1.69	.95	3.17
Tuberculosis only— Whole carcases condemned .. .. .	24	32	2	—	9
Carcases of which some part or organ condemned ..	474	336	10	—	782
Percentage of the number inspected affected with Tuberculosis .. .. .	2.6	16.71	.36	—	1.44
Cysticercosis carcases of which some part or organ was condemned .. .. .	41	2	—	—	—
Carcases submitted to treatment by refrigeration ..	—	—	—	—	—
Generalised and totally condemned .. .. .	—	1	—	—	—



Total Weights of Meat Condemned, 1960

	English Meat		Imported Meat		English Offal		Imported Offal		Totals	
	T.	C. Qrs. lbs.	T.	C. Qrs. lbs.	T.	C. Qrs. lbs.	T.	C. Qrs. lbs.	T.	C. Qrs. lbs.
Cattle Market Slaughterhouses ..	35	19 0 16	-	- - -	60	15 0 7	-	- - -	96	14 0 23
Private Slaughterhouses	1	7 2 0	-	- - -	7	3 0 19	-	- - -	8	10 2 19
Wholesale Meat Depots	-	- - -	-	13 3 12	-	- - -	-	15 0 1	1	8 3 13
Totals ..	37	6 2 16	-	13 3 12	67	18 0 26	-	15 0 1	106	13 2 27

## SUMMARY OF FOODSTUFFS CONDEMNED

Tons Cwt. Qrs. lbs.					Other Foodstuffs, etc.	
<b>Fish</b> (excluding Shell Fish) ..					Bacon ..	.. 1,400 lbs.
	3	17	0	3	Beverages ..	.. 66 bottles
<b>Shell Fish :</b>					Butter ..	.. 1,050 lbs.
Mussels ..	-	5	1	0	Cereals ..	.. 552 lbs.
Cockles ..	-	-	1	18	Cheese ..	.. 333 lbs.
<b>Other</b>					Condiments ..	.. 20 lbs.
Shell Fish ..	-	-	3	20	Custard Powder ..	.. 32 lbs.
<b>Fruit</b> ..					Cider ..	.. 3 bottles
	3	17	0	23	Cordials ..	.. 58 bottles
<b>Meat :</b>					Dried Fruit ..	.. 288 lbs.
English ..	37	9	0	27	Eggs ..	.. 292
Imported ..	-	13	3	12	Fish Cakes ..	.. 57
<b>Offal :</b>					Fish ..	.. 923 tins
English ..	67	18	0	26	Fruit, Fresh ..	.. 8,647 lbs.
Imported ..	-	15	0	1	Fruit ..	.. 11,744 tins
<b>Vegetables</b> ..					Flour ..	.. 68 lbs.
	11	16	3	14	Jams ..	.. 43 jars
<b>Poultry, Game, etc.</b>					Jellies ..	.. 57 jars
Turkeys ..	..	..	..	25	Lard ..	.. 1,130 lbs.
Chickens ..	..	..	..	3,615	Margarine ..	.. 584 lbs.
Rabbits ..	..	..	..	115	Meat (cooked) ..	.. 32 lbs.
					Meat ..	.. 3,042 tins
					Milk ..	.. 760 tins
					Pickles ..	.. 19 jars
					Puddings ..	.. 164 tins
					Rice ..	.. 131 lbs.
					Sauces ..	.. 85 bottles
					Savoury Spreads ..	.. 81 jars
					Sausages ..	.. 156 lbs.
					Soups ..	.. 637 tins
					Suet ..	.. 72 lbs.
					Sugar ..	.. 6 lbs.
					Sweets ..	.. 3 lbs.
					Vegetables ..	.. 4,824 tins
					Miscellaneous ..	.. 163 tins

## LEGAL PROCEEDINGS—FOOD

Statute under which proceedings were instituted	Default or Offence	Fines £ s. d.
Food Hygiene (General) Regulations, 1960	Smoking whilst handling meat ..	5 0 0
Food and Drugs Act, 1955	Halibut Oil Capsules—deficient in Vitamin A : Firm ..	5 0 0
	Manager ..	5 0 0

## FOOD HYGIENE—CATERING ESTABLISHMENTS

The Food Hygiene (General) Regulations, 1960, came into operation during the year. They make some amendments to the 1955 Regulations. "Catering Business" has been defined ; the expression "meat" has been extended to include rabbits, game and poultry ; "handling of food" includes the cleaning of articles or equipment with which food comes into contact ; "smoking" has been extended to include the use of herbal smoking mixtures and snuff.

Various other alterations have been made in the requirements relating to the storage of pre-cooked and perishable foodstuffs making the law more clear and more specific.

The Department sees the plans for the rebuilding and improvement of premises where structural alterations are necessary and for all new premises. Discussions with architects and prospective cafe proprietors in the planning stage of new premises or conversions are extremely useful and once again it is possible to say that these discussions have produced useful results.

It is of the utmost importance that co-operation with the catering trade be kept at as high a level as possible.

The major difficulty locally seems to be the recruitment and retention of employees of a suitable standard of training and experience. Constantly changing staffs and staff shortages create difficulties in the maintenance of satisfactory standards of hygiene in food preparation. Modern premises, equipped with modern appliances are only part of the problem. Personal habits and practices of the people handling food are of equal importance and this cannot be emphasized too frequently.

Advice was sought on the suitability of 16 premises in the City for use as cafes and snack bars. In six of these the premises were not

considered suitable, but ten new cafes were opened during the year.

Major improvements were made in a number of cases, including the complete rebuilding of three premises, two of which were large factory canteens.

The incorporation of labour-saving methods of construction can prove of immense value in assisting the work of maintaining the premises and equipment in a clean hygienic state and thus reducing labour cost and staffing difficulties and this is being increasingly appreciated by the catering trade.

### CITY OF LEICESTER CLEAN FOOD GUILD

The following Table shows the number of premises in respect of which Certificates have been awarded by the Guild:

Trade	Applications	Certificates granted
Bakers and Confectioners .. ..	10	10
Catering Establishments .. ..	23	23
Fishmongers and Fish Fryers ..	14	9
Fruiterers and Greengrocers ..	9	9
Grocers and General Stores ..	147	90
Ice Cream .. ..	2	2
Manufactured Meat Products ..	10	4
Retail Butchers .. ..	41	29
Sweets .. ..	9	9
Licensed Premises .. ..	1	1
Totals .. ..	271	186

Whilst membership of the Guild does not increase it is gratifying to know that those food traders who have participated continue to appreciate its usefulness and to give it their support. The slight falling off in membership is due almost entirely to food premises changing hands and the class of trade conducted in them.

### SHOPS ACT (HEALTH AND COMFORT PROVISIONS)

In Leicester, the Shops Act provisions in general are carried out by the Weights and Measures Department so that the Public Health Inspector deals only with health and comfort requirements referred to them by that Department except, of course, in the case of food premises.

Only two cases were referred during the year.

## ICE CREAM

The Ice Cream (Heat Treatment) Regulations, 1959, have made little difference to the administration and supervision of ice cream manufacturing premises in Leicester as no premises are manufacturing ice cream by the new process of sterilisation.

A new type of ice cream vehicle has made its appearance, which is in effect a mobile factory. These vehicles are generally well constructed and equipped with a refrigerating plant, storage capacity for the ice cream mix and other frozen commodities, a continuous freezer, water heating and washing facilities. The "mix" used is generally a sterilised mix for which no temperature control is necessary provided it is stored in sterile airtight containers which remain sealed until the mix is placed into the freezer.

The equipment on the vehicle must of course be kept properly cleaned and sterilised which is dependent upon the proper training and efficiency of the person in charge of the vehicle.

The Food and Drugs Act, 1955, provides only for the registration of ice cream "premises" and not for the registration of a "vehicle".

There appears to be an increasing demand for "loose" ice cream, occasioned by the change in public taste, and this means that the possibility of ice cream failing to pass the bacteriological test, due to contamination during the handling on a vehicle, is more likely to occur.

The bacteriological sampling of ice cream has been concentrated on "loose" ice cream to a greater extent during the year, and results of examples taken are as follows :

Prepacked or Loose	Grade I	Grade II	Grade III	Grade IV	Total
Prepacked ..	9	—	—	—	9
Loose .. ..	33	10	2	5	50
Materials (Milk Powder)	1	—	—	—	1
Total .. ..	43	10	2	5	60

Unsatisfactory samples were investigated promptly and with the full co-operation of the manufacturers.

All the samples taken for chemical analysis during the year were satisfactory. (See Public Analyst's Report, Page 184).



## MILK AND DAIRIES

The following Table shows the number of licences granted in respect of milk produced and sold under special designations :

### MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-53 and MILK (SPECIAL DESIGNATIONS) (RAW MILK) REGULATIONS, 1949-54

Dealer's (Pasteuriser's) Licence	..	..	..	5
Dealer's (Steriliser's) Licence	..	..	..	1
Dealer's Licence authorising the sale of "Tuberculin Tested" Milk	..	..	..	56
Dealer's Licence authorising the sale of "Sterilised" Milk	..	..	..	330
Dealer's Licence authorising the sale of "Pasteurised" Milk	..	..	..	361
Dealer's Supplementary Licence authorising the sale of "Pasteurised" Milk	..	..	..	1
Dealer's Supplementary Licence authorising the sale of "Tuberculin Tested" Milk	..	..	..	1
Dealer's Supplementary Licence authorising the sale of "Sterilised" Milk	..	..	..	1

### BACTERIOLOGICAL SAMPLING OF MILK, 1960

Tuberculin Tested (Raw) Milks	..	Churn Samples	549
Tuberculin Tested (Farm Bottled) Milks	..	Bottle Samples	27

---

Total Tuberculin Tested (Raw Milks)	..	..	576
-------------------------------------	----	----	-----

Number which failed Methylene Blue Test as laid down by the Milk (Special Designation) (Raw Milk) Regulations, 1949-54 :

Churn Samples	..	..	..	26
Bottle Samples	..	..	..	Nil

---

Total	..	..	..	26
-------	----	----	----	----

Percentage of Failures—Churn Samples	..	..	4.7
Bottle Samples	..	..	Nil

All the above failures were reported to the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food.

### Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations 1949-53 :

Pasteurised Milk (Bottles and Cartons)	..	..	347
Tuberculin Tested (Pasteurised) Milk (Bottles and Cartons)	..	..	84

Tuberculin Tested (Pasteurised) (Channel Islands) Milk	10
Sterilised Milk (Bottles) .. .. .	104
Pasteurised Milk ( $\frac{1}{3}$ pints from school suppliers) ..	56
<hr/>	
Total .. .. .	601
<hr/>	
Number of Methylene Blue Test failures .. ..	Nil
Number of Phosphatase Test failures .. ..	Nil

### Milk Special Designations Regulations, 1960

These Regulations came into operation for producers' licences on 1st October, 1960, and for dealers' licences on 1st January, 1961. One of the most important changes is to concentrate the control of dealers' licences in the hands of food and drugs authorities. Producers' licences are still issued by the Ministry of Agriculture, Fisheries and Food. Supplementary licences are discontinued and dealers' licences therefore permit the sale of milk outside the area of the licensing authority. A new form of licence, the dealers' (pre-packed) licence, now permits the sale of pasteurised, sterilised and tuberculin tested milk under a single licence whereas previously three licences would have been necessary.

During 1961 it is expected that all milk produced in this country will come from dairy herds holding full "tuberculin tested" licences. As a result of this there will obviously be no place for a milk designated as such and the name will therefore be discontinued as also will "tuberculin tested pasteurised".

The fact that new licences will be issued for a five-year period is most welcome as it will eliminate a great deal of the clerical work involved in issuing licences annually.

The Clot on Boiling Test is introduced for raw tuberculin tested milk and will be applied by the Ministry for producers' licences only. It is therefore of academic interest only to food and drugs authorities and whereas, in the past we have taken producers' milks at the receiving dairy and applied the methylene blue ( $4\frac{1}{2}$  and  $5\frac{1}{2}$  hour) test, this sampling has been discontinued. Bacteriological sampling is concentrated on milk sold by licensed dealers which should satisfy the half-hour methylene blue test as modified in the new Regulations.

Daily control samples for pasteurisation efficiency were taken from the five wholesale dairies in the City. The results show that the plant operating standards continue to be excellent and no phosphatase test failures were recorded during the year.

Samples taken .. ..	1,010
Number failing Phosphatase Test	Nil

Since October all the daily control samples have been examined for chemical quality. These results, together with those of the bacteriological samples which are also chemically examined, give a comprehensive picture of the quality of the milk sold in the City.

### **Bacteriological Examination of Milk Bottles and Control**

Washed bottles were taken from all the dairies in the City during the year and submitted to the Public Analyst for examination.

Number of bottles and cartons taken	..	294
Number unsatisfactory	..	45

Unsatisfactory results are investigated at the dairy concerned and further samples taken until the results are satisfactory. Consequently the number of bottles which are unsatisfactory cannot be compared as a percentage of the number taken, as on many occasions the cause of contamination proves difficult to determine and a high proportion of unsatisfactory bottles is found during the course of the investigation. It has been found that these results can be relied upon as a check on the efficiency of the bottle washers and indirectly on the whole dairy routine. This sampling is generally welcomed by the smaller dairy firm without laboratory facilities and by the larger concerns as a check on the results produced in their own laboratories.

Once again very few complaints of dirty milk bottles were received during the year. Undoubtedly misused bottles are still returned to the dairies and great efforts are being made to detect them, but with the vast number of bottles in use it is unavoidable that at times milk is delivered in a dirty bottle.

### **Milk Vending Machines**

The number of automatic vending machines dispensing refrigerated pasteurised milk increased to about 40 during the year. Regular bacteriological and chemical samples were purchased from these machines and results were generally satisfactory.

Two of the large dairies in the city operating the majority of the machines have instituted a system of date coding and every endeavour is made to see that the milk does not remain in the vending machines longer than two days in winter and one day in summer.

### **Milk Sampling—Food and Drugs Act, 1955**

The majority of milks taken for bacteriological examination are also examined chemically, and no unsatisfactory reports were received

during the year. As already stated the daily control samples for pasteurisation efficiency were also examined chemically from the 1st October, 1960.

No cases of added water were reported during the year and in view of the scope of the milk sampling programme it can be taken that the accidental and deliberate addition of water to milk for sale in Leicester is virtually non-existent.

From the 1st October, 1960, bacteriological sampling of ex-farm milks at the receiving dairies ceased, but these supplies continue to be sampled for chemical quality.

### Number of samples taken for chemical analysis

Bacteriological samples which are also treated as informal samples for chemical analysis	..	..	..	1,196
Daily dairy control samples examined chemically as from				
1st October, 1960	..	..	..	245
Formal samples	..	..	..	15
Ex-farm supplies sampled at receiving dairies as from				
1st October, 1960	..	..	..	73
Total	..	..	..	1,529

### Biological Milk Sampling

There are seven dairy farms within the City boundary, a decrease of one over the previous year. Twenty-seven samples of milk produced on these farms were submitted to the Public Health Laboratory for biological examination. They were all reported free from tubercle bacilli and brucella abortus.

### Sampling of Food and Drugs (other than Milk)

The following is a summary of samples submitted to the Public Analyst. Full details appear in the Public Analyst's section of this Report.

Food samples—Formal	..	..	..	39
Informal	..	..	..	597
Drug samples—Formal	..	..	..	3
Informal	..	..	..	288
Total	..	..	..	927

As many samples as possible were taken of the wide range of foods and drugs on sale in the City. More attention was given to those foods



for which standards are laid down ; local products were also sampled more frequently. All the unsatisfactory samples were referred to the retailer, wholesaler, or manufacturer and a full report prepared on each case for the Health Committee. In all cases except one, the offences were dealt with where necessary by warning letter. The exception was a sample of halibut liver oil capsules deficient in Vitamin A activity. These were obviously very old stock and the firm and pharmacist in charge of the shop were each fined five pounds in the Magistrates Court.

Many complaints of the presence of foreign bodies in foodstuffs were dealt with during the year. In each case the complaint was thoroughly investigated and dealt with by a warning to the firms concerned.

## Bacteriological Examination of Shellfish

Number of samples taken	..	..	10
Number of samples unsatisfactory	..	..	2

All the above results were reported to the Ministry of Agriculture, Fisheries and Food Experimental Station, Bangor, North Wales.

## Fertilisers and Feeding Stuffs Act, 1926

Number of samples taken—Formal	..	..	8
Informal	..	..	43
			<hr/>
Total	..	..	51
Number of samples reported as unsatisfactory :			
Not complying with analytical declaration	..	..	7
Statutory declaration incorrect	..	..	1
			<hr/>
Total	..	..	8

All the foregoing samples were submitted to the Public Analyst in his capacity as the Official Agricultural Analyst. In all cases follow-up samples proved to be satisfactory and reasonable explanations and assurances were received from retailers or manufacturers.

## Rag Flock and Other Fillings Act, 1951

Number of samples taken	..	..	4
Number reported satisfactory	..	..	4



## Special Bacteriological Sampling

During the year, following reports of salmonella organisms being found in desiccated coconut imported from Ceylon, regular samples of this product were taken from various stocks in the city.

Number of samples taken .. .. .	87
Number reported positive for salmonella organisms ..	Nil

As part of an investigation into the presence of salmonella organisms in broiler foods for poultry, eight samples were taken from a local firm. No salmonella organisms were isolated from these samples.

## HEALTH EDUCATION

### Talks and Demonstrations

Lectures Given			
Student Health Visitors .. ..			8
Student District Nurses .. ..			1
Home Helps .. .. .			7
Students, Teachers, etc. .. ..			5
Food Handlers, etc. .. .. .			1
Adult Schools, Church Fellowships, etc. ..			16
<hr/>			
Total .. .. .			38
<hr/>			

The Chief Public Health Inspector was honoured with an invitation to present a Paper at the Annual Congress of the Royal Society of Health at Torquay in April, 1960. The Paper was entitled "Clean Air and the Householder" and was illustrated with coloured slides, all of which were taken in Leicester.



# INDEX

	PAGE
Abbey Park Show ... ..	62
Accidents ... ..	viii
Accidents—Home ... ..	133
Adoption of Children ... ..	125
After-Care ... ..	55, 109
Aged—Home Nursing of ... ..	43
Air Suspension — Ambulance Vehicles ... ..	23
Ambulance — new type vehicle ... ..	23
Ambulance Service ... ..	21
Analgesia ... ..	22, 126
Analyst's Report ... ..	140
Animals Slaughtered ... ..	221
Ante-Natal Clinics ... ..	109, 115
Appliances—Nursing ... ..	46
Area of City ... ..	1
Artificial Sunlight Clinic ... ..	121
Atmospheric Pollution 182, 191-196, 200, 209	
Audiology Clinic ... ..	109, 111
Bath Waters, Examination of 177-178, 184, 203	
B.C.G. Vaccination ... ..	91
Bedding for Tuberculous patients ... ..	55
Births and Birth-rates vii, 1, 9, 102	
Birth Control Clinic ... ..	109, 118
Blind Persons ... ..	84
Breast Milk Bank ... ..	128
Canal Boats ... ..	201
Cancer ... ..	vii, 12, 49, 61
Caravans ... ..	201, 205
Carcases condemned ... ..	222
Care and After-Care 55, 109, 132	
Care of Illegitimate Children ... ..	122
Care of Mothers and Young Children ... ..	109
Catering Premises ... ..	225
Causes of Death ... ..	vii, 10, 12, 14
Cesspools, etc. ... ..	203
Chest Clinic Report ... ..	88
Chief Officials ... ..	iv
Children—Home Nursing of ... ..	45
Children Neglected in Own Homes ... ..	80
Child Minders ... ..	122
Child Welfare Centres ... ..	109, 119
Chiropody Service ... ..	56
City Ambulance Service ... ..	21
Civil Defence ... ..	25, 140
Clean Air Act ... ..	209
Clean Food Guild ... ..	226

	PAGE
Cleanliness—Promotion of ... ..	120
Clinics ... ..	109, 111, 114
Coke Sample Analysed ... ..	181
Committees ... ..	ii, iii
Common Lodging House 201, 205	
Complaints—Sanitary ... ..	201
Conferences ... ..	197, 233
Contents ... ..	v
Convalescent Home Cases ... ..	55
Co-operation ... ..	46
Co-ordinating Arrangements for Neglected Children ... ..	80
Coronary Disease ... ..	viii
Cots for transporting premature babies ... ..	25
Cremation ... ..	20
Day Nurseries ... ..	121
Deafness in the Pre-School Child 111	
Deaths and Death-rate vii, 1, 9, 10, 12	
Dental Reports ... ..	34, 138
Deputy Medical Officer of Health iv, vi	
Diabetic Clinic ... ..	132
Diocesan Moral Welfare Association ... ..	122
Diphtheria ... ..	2
Diphtheria Immunisation 2, 61, 130	
Disinfection and Disinfestation 203	
District Nurses—training of ... ..	38
Domestic Help ... ..	63
Drains ... ..	201
Drinking Waters ... ..	18, 181
Drug samples analysed 145-147, 171-176, 182-183	
Dysentery ... ..	3, 6
Ear, Nose and Throat Clinic ... ..	121
Emily Fortey School ... ..	32
Exhibitions ... ..	61
Eye Clinic ... ..	121
Factories Acts ... ..	207
Families—Prevention of break-up ... ..	82
Fertilizers and Feeding Stuffs 145, 179-180, 232	
Flying Squad (Obstetric) ... ..	128
Food Samples analysed 145-147, 154-170, 182-183, 227-233	
Food and Hygiene ... ..	225
Food Poisoning ... ..	3, 203

	PAGE
Foodstuffs Condemned ...	222-224
Gas and Air Analgesia ...	22, 126
General Practitioner/Obstetricians	127
General Rate ... ..	1
Graphs ... ..	14-16
Handicapped Children ...	113
Health of Children—Prevention of break-up of families ...	82
Health Committee ...	ii
Health Education ...	58, 233
Health Education Advisory Com- mittees ... ..	62
Health Visitors ...	109, 129, 132
Health Visitors' Training School	129
Heart and Vascular Disease ..	viii
Hide and Skin Market ...	206
Holiday Homes ... ..	55
Home Accidents ... ..	133
Home Help Service ... ..	63
Home Helps—Training ...	66
Home Nursing Service ...	38, 128
Home Safety ... ..	59
Houses—empty or inhabited ...	1
Houses let in lodgings ...	201
Housing ... ..	87, 215, 218
Ice Cream ... ..	184, 227
Illegitimate Births ... ..	vii
Illegitimate Children—Care of	122
Immunisation ... ..	2, 61, 130
Infant Mortality ... ..	1, 9, 104, 107
Infant Welfare Centres ...	109, 119
Infectious Diseases	viii, 2, 12, 43, 76
Infestations ... ..	201
Introductory Letter ... ..	vi
Joint Circular Ministry of Health, Ministry of Education and Home Office ... ..	111
Knackers' Yards ... ..	205
Labelling and Advertising ...	157
Laundry Service for Old People	48, 52
Legal Proceedings ... ..	219, 225
Legislation—New ... ..	143
Lung Cancer ... ..	viii, 61
Marie Curie Memorial Founda- tion ... ..	49
Mass Radiography ... ..	97
Maternal Mortality ... ..	108
Maternity and Child Welfare Report ... ..	102
Maternity and Child Welfare Dental Report ... ..	138
Maternity Homes (Registered)	137
Maternity Nursing ... ..	128

	PAGE
Measles ... ..	viii, 2, 15
Meat Inspection ... ..	200, 220
Medical Officer of Health ...	iv, vi
Meningitis and Virus Meningitis	viii, 2, 7, 13
Mental Deficiency ... ..	30
Mental Health Service ...	viii, 28
Mental Illness ... ..	29
Midwives and Midwifery Service	126
Milk, Analysis and Sampling	145, 148-153, 184, 228, 230
Milk Bottle Hygiene ... ..	230
Milk and Dairies ... ..	228
Milk for Tuberculous Patients ...	55
Milk Vending Machines ...	230
Minor Ailments Clinic ... ..	121
Mobile Clinic ... ..	24, 114
Mothercraft and Relaxation Clinics ... ..	115
Movable Dwellings ... ..	201, 205
National Assistance Act, 1948, Section 47 ... ..	79
Neglected Children ... ..	80
Neo-natal Mortality Rate ...	1, 106
Night Help—Home Help Service	69
Noise and Vibration Nuisances	214
Nuisances ... ..	201, 202, 212, 214
Nurseries and Child Minders Regulations Act, 1948 ...	122
Nurses' Bureau ... ..	136
Nursing Appliances ... ..	46
Nursing Homes, Registered	135, 137
Occupation Centre (See Emily Fortey School)	
Offensive Trades ... ..	205
Ophthalmia Neonatorum ...	118
Orthopaedic Clinic ... ..	121
Outwork ... ..	209
Perinatal Mortality Rate ...	1, 106
Pests Act ... ..	204
Pet Shops ... ..	202, 206
Phthisis (See Tuberculosis)	
Poliomyelitis ... ..	2
Poliomyelitis Vaccination	2, 61, 131
Population ... ..	vii, 1, 9
Post Natal Clinic ... ..	116
Premature Baby Cots ... ..	25
Premature Infants ... ..	116
Prematurity as Cause of Death	117
Prevention of break-up of families	82
Problem families ... ..	70
Prosecutions	172, 176, 205, 219, 225, 232
Protection Procedures ... ..	2, 130
Public Health Inspection — Synopsis of Inspections ...	201
Public Health Inspector's Report	199
Pure Food Centenary ... ..	141, 197

	PAGE
Qualifications of Senior Public Health Officers ... ..	iv
Rag Flock and other Filling Materials Act ... ..	145, 232
Rateable Value ... ..	1
Recuperative Holidays ... ..	55
Refresher Courses ... ..	38
Register of Handicapped Children	113
Rehousing on medical grounds	87
Rent Act ... ..	201, 217
Rent Arrears ... ..	82
Resuscitation Apparatus ... ..	25
Royal Sociey of Health—Annual Congress ... ..	233
Safe Driving Awards ... ..	24
Samples analysed 145-190, 227-233	
Samples analysed for Corporation Committees ... ..	182
Sanitary Inspection—Summary of Visits Paid ... ..	201
Scarlet Fever ... ..	2
School Health Service ... ..	129
Sewerage ... ..	19
Shellfish—bacteriological examination of ... ..	184, 232
Shops Act ... ..	202, 226
Showmen's Guild Site ... ..	205
Skin and Minor Ailments Clinic	121
Slaughterhouses ... ..	220
Slum Clearance ... ..	199, 215
Smallpox Vaccination ... ..	2, 131
Smoke Abatement ... ..	209
Smoke Nuisances ... ..	201, 211
Smoking and Lung Cancer ... ..	61
Sonne Dysentery ... ..	3, 6
Staff ... ..	iv, vi, 28, 38, 63, 142, 200
Statistics—Ambulance Service	22, 27
Statistics—Home Nursing Service ... ..	40, 52
Statistics—Housing ... ..	87, 218
Statistics—Vital ... ..	1, 9, 102
Stillbirths ... ..	1, 102
Sub-Committees ... ..	ii, iii
Swimming Bath Waters	177-178, 184, 203

	PAGE
Tetanus Immunisation ... ..	2
Training of District Nurses ... ..	38
Training of Home Helps ... ..	66
Training — Mentally Handicapped ... ..	32, 34
Training School for Health Visitors ... ..	129
Transport — Home Nursing Service ... ..	39
Tuberculosis ... ..	viii, 88
Assistance to Cases ... ..	55
Attendances at Dispensary ... ..	95
B.C.G. Vaccination ... ..	91
Care and After-Care 55, 109, 132	
Cases on Register ... ..	96
Chest Clinic Report ... ..	88
Chronic Cases ... ..	92
Contacts ... ..	91
Deaths and Death-rates ... ..	1, 92
Deaths—Analysis ... ..	94
Examinations ... ..	95
Expectant Mothers — radiological examination of ... ..	91
Home Nursing ... ..	42
Provision of Beds, Bedding and Milk ... ..	55
New Cases ... ..	88
Recovered Cases ... ..	95
School Case-Finding Scheme	91
Social Worker's Report ... ..	100
Visits to Patients' Homes ... ..	95
Vaccination ... ..	2, 61, 91, 131
Van Dwellings ... ..	201, 205
Venereal Disease ... ..	78
Verminous Children ... ..	120
Virus Meningitis ... ..	viii, 7, 13
Water Closets and internal water supply ... ..	203, 219
Water Supply, etc. 18, 145, 181, 184, 185-190	
Welfare Foods ... ..	120
Whooping Cough ... ..	2, 16
Whooping Cough Immunisation	2, 130
Zymotic Rate ... ..	1, 9



